

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90130 042 ****61.25

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DOCUMENT # N04000008190 1. Entity Name DELOS OWNERS ASSOCIATION, INC.					
Principal Place of Business 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US			Mailing Address 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US		
2. Principal Place of Business - No P.O. Box # 1787 Old Science Hwy 98		3. Mailing Address 36132 Emerald Coast Pkwy		Suite, Apt. #, etc. Suite, Apt. #, etc.	
City & State Destin 71		City & State Destin 71		4. FEI Number 20-1518580	
Zip 32541		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GORMLEY, TERRY P 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550				7. Name and Address of New Registered Agent Coastal Properties Association Inc 36132 Emerald Coast Pkwy Destin FL 32541	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: DATE: 4/22/08					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAKER, MICHAEL T 1486 BELL MANOR DR GERMANTOWN, TN 38138	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FEINSTIEN, JEFF 41 BUTTERNUT KNOLLS WEST SHOKAN, NY 12494	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PAYNE, LOIS PO BOX 6951 MIRAMAR BEACH, FL 32550	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEHOE, MOLLY 220 BELLINGRATH RD MADISONVILLE, LA 70447	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: DATE: 4/22/08					