


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90120 035 \*\*\*\*61.25

<b>DOCUMENT # N04000010924</b>					
1. Entity Name HERON AT DESTIN WEST BEACH AND BAY RESORT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1500 MIRACLE STRIP PKWY SE FT WALTON BEACH, FL 32548			Mailing Address 1500 MIRACLE STRIP PKWY SE FT WALTON BEACH, FL 32548		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SALVATORI & WOOD, P.L. 4001 TAMiami TRl N STE 330 NAPLES, FL 34103				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	DP	<input type="checkbox"/> Delete	TITLE	DTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOLBERT, FRED E III		NAME	Ruth Bozza	
STREET ADDRESS	1500 MIRACLE STRIP PKWY SE		STREET ADDRESS	1500 Miracle Strip PKWY SE	
CITY-ST-ZIP	FT WALTON BEACH, FL 32548		CITY-ST-ZIP	Fort Walton Beach, FL 32548	
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREUSER, WILLIAM G P		NAME		
STREET ADDRESS	1500 MIRACLE STRIP PKWY SE		STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BEACH, FL 32548		CITY-ST-ZIP		
TITLE	DTS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLUCK, GAIL		NAME		
STREET ADDRESS	1500 MIRACLE STRIP PKWY SE		STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BEACH, FL 32548		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 4/20/05 850-243-9161		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

