


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90349 004 ****61.25

DOCUMENT # N04000010924

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

DO NOT WRITE IN THIS SPACE

40073173



04272006 No Chg-NP CR2E037 (4/06)

6. Name and Address of Current Registered Agent

SALVATORI & WOOD, P.L.
 4001 TAMIAMI TRL N STE 330
 NAPLES, FL 34103

4. FEI Number
 20-2757040

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TOLBERT, FRED E III 1500 MIRACLE STRIP PKWY SE FT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KREUSER, WILLIAM G P 1500 MIRACLE STRIP PKWY SE FT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS BOZZA, RUTH 1500 MIRACLE STRIP PKWY SE FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: FREDE TOLBERT III 4/27/06 850-243-9161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #