

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010925

FILED  
Apr 03, 2009  
Secretary of State

**Entity Name:** OSPREY AT DESTIN WEST BEACH AND BAY RESORT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1324 MIRACLE STRIP PARKWAY  
L-08  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

1328 MIRACLE STRIP PARKWAY  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

1324 MIRACLE STRIP PARKWAY  
L-08  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

FEI Number: 20-2757111      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHIRLEY, REESE GM  
1324 MIRACLE STRIP PARKWAY  
L-08  
FT WALTON BEACH, FL 32548 US

**Name and Address of New Registered Agent:**

REESE, SHIREY GM  
1324 MIRACLE STRIP PARKWAY  
L-08  
FT WALTON BEACH, FL 32548 US

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.

SIGNATURE: SHIRLEY REESE

04/03/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: PETERS, JAMES W  
Address: 508 NORRIEGO ROAD  
City-St-Zip: DESTIN, FL 32541

Title: DV ( ) Delete  
Name: SARTAIN, JOE  
Address: 915 INTERSTATE RIDGE DRIVE, STE A  
City-St-Zip: GAINESVILLE, GA 30501

Title: DTS ( ) Delete  
Name: BEASLEY, HOLLIS R  
Address: 1328 MIRACLE STRIP PARKWAY, #604  
City-St-Zip: FORT WALTON BEACH, FL 32548

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DTS (X) Change ( ) Addition  
Name: PARSONS, JAMES  
Address: 607 LEGION DRIVE  
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY REESE

GM

04/03/2009

Electronic Signature of Signing Officer or Director

Date