

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000788

FILED
Apr 29, 2008
Secretary of State

Entity Name: THE PALMS OF DESTIN RESORT AND CONFERENCE CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

15000 EMERALD COAST PARKWAY
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

15000 EMERALD COAST PARKWAY
DESTIN, FL 32541 US

New Mailing Address:

FEI Number: 20-2309150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALVATORI & WOOD, P.L.
4001 TAMIAMI TRAIL NORTH
SUITE 330
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BECNEL, MARK
Address: 15000 EMERALD COAST PARKWAY
City-St-Zip: DESTIN, FL 32541 US

Title: VSD () Delete
Name: BECNEL, DAMON
Address: 15000 EMERALD COAST PARKWAY
City-St-Zip: DESTIN, FL 32541 US

Title: TD () Delete
Name: BECNEL, SARA
Address: 15000 EMERALD COAST PARKWAY
City-St-Zip: DESTIN, FL 32541 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEROUX, JEANIE
Address: 15000 EMERALD COAST PARKWAY
City-St-Zip: DESTIN, FL 32541 US

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

Title: TD (X) Change () Addition
Name: SCARTTO, VINCENT
Address: 15000 EMERALD COAST PARKWAY
City-St-Zip: DESTIN, FL 32541 US

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: JEANIE LEROUX

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date