2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N05000012307

Entity Name: DESTINY AT UF CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1731 NW 6TH STREET STE A
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

1731 NW 6TH STREET STE A
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 74-3162593 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ED BAUR MANAGEMENT INC.
1731 NW 6TH ST STE A
GAINESVILLE, FL 32609 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:	P	( ) Delete
Name:	TAYLOR, MEGAN	
Address:	1220 SW 1ST AVE 201	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	VP	( ) Delete
Name:	COYAR, KATIE	
Address:	8728 SE NORTH PASSAGE WAY	
City-St-Zip:	JUPITER, FL 33469	
Title:	S	( ) Delete
Name:	COSENZA, ALICIA	
Address:	1220 SW 1 AVE 206	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	T	( ) Delete
Name:	FOELYGNEN, MARION	
Address:	6300 18TH ST NE	
City-St-Zip:	SAINT PETERSBURG, FL 33702	
Title:	D	( ) Delete
Name:	COSENZA, CAROLE	
Address:	5195 KENWOOD CT	
City-St-Zip:	PALM HARBOR, FL 34685	
Title:	D	( ) Delete
Name:	PEACOCK, CLARE	
Address:	1199 ALLIGATOR RD	
City-St-Zip:	CLEARWATER, FL 33765	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MARION FOELGNER T 04/30/2007

Electronic Signature of Signing Officer or Director — Date