


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90063 027 \*\*\*\*61.25

<b>DOCUMENT # N05000012307</b>	
1. Entity Name <b>DESTINY AT UF CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>1731 NW 6TH STREET STE A GAINESVILLE, FL 32609</b>	Mailing Address <b>1731 NW 6TH STREET STE A GAINESVILLE, FL 32609</b>
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2. Principal Place of Business - No P.O. Box # <b>5522-B NW 43 ST.</b>	3. Mailing Address <b>5522-B NW 43 ST.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>GAINESVILLE, FL</b>	City & State <b>GAINESVILLE, FL</b>
Zip <b>32653</b>	Country <b>US</b>
City & State <b>GAINESVILLE, FL</b>	City & State <b>GAINESVILLE, FL</b>
Zip <b>32653</b>	Country <b>U.S.</b>



01102008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>74-3162593</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>ED BAUR MANAGEMENT INC. 1731 NW 6TH ST STE A GAINESVILLE, FL 32609</b>		7. Name and Address of New Registered Agent Name <b>DEBBIE S. HOUDERSHET</b> Street Address (P.O. Box Number is Not Acceptable) <b>90 BOSSHARDT PROPERTY MANAGEMENT INC.</b> <b>5522-B NW 43 ST.</b> City <b>GAINESVILLE</b> FL Zip Code <b>32653</b>

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 *Debbie S. Houdershet*, cam DATE 1-11-08

Signature, typed or printed name of registered agent and filer applicable. (NOTE: Registered Agent signature required when registering)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, MEGAN 1220 SW 1ST AVE 201 GAINESVILLE, FL 32601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cosenza, Carole - P. 5195 Kenwood Ct. Palm Harbor, FL 34685 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COYAR, KATIE 8728 SE NORTH PASSAGE WAY JUPITER, FL 33469 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marshall, Rick - VP 509 Sherburn Ct. Orlando, FL 32828 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COSENZA, ALICIA 1220 SW 1 AVE 206 GAINESVILLE, FL 32601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Foelgner, Marion - T 6300 18th Street, NE St. Petersburg, FL 33702 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOELYGNN, MARION 6300 18TH ST NE SAINT PETERSBURG, FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Geyer, William - S 443 East Royal Flamingo Sarasota, FL 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSENZA, CAROLE 5195 KENWOOD CT PALM HARBOR, FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Coyne, James 8728 SE North Passage Way Tegucigalpa, FL 33469 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEACOCK, CLARE 1199 ALLIGATOR RD CLEARWATER, FL 33765 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 *Carole A. Cosenza* **CAROLE COSENZA** DATE 1-11-08