

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012307

FILED
Apr 27, 2009
Secretary of State

Entity Name: DESTINY AT UF CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5522-B NW 43 57
GAINESVILLE, FL 32653

New Principal Place of Business:

5522 NW 43 STREET
SUITE B
GAINESVILLE, FL 32653

Current Mailing Address:

5522-B NW 43 57
GAINESVILLE, FL 32653

New Mailing Address:

5522 NW 43 STREET
SUITE B
GAINESVILLE, FL 32653

FEI Number: 74-3162593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOUDERSHELT, DEBBIE S
C/O BOSSHARDT PROPERTY MANAGEMENT INC
5522-B NW 43 ST
GAINESVILLE, FL 32653 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: D () Delete
Name: COYNE, JAMES
Address: 8728 SE NORTH PASSAGE WAY
City-St-Zip: JUPITER, FL 33469

Title: S () Delete
Name: GEYER, WILLIAM
Address: 443 EAST ROYAL FLAMINGO
City-St-Zip: SARASOTA, FL 34236

Title: T () Delete
Name: FOELGNER, MARION
Address: 6300 18TH ST NE
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: P () Delete
Name: COSENZA, CAROLE
Address: 5195 KENWOOD CT
City-St-Zip: PALM HARBOR, FL 34685

Title: VO () Delete
Name: MARSHALL, RICK
Address: 509 SHERBURN CT
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KUTNER, STEVEN
Address: 1545 HUNTERS MILL PLACE
City-St-Zip: OVIEDO, FL 32765

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: VP (X) Change () Addition
Name: MARSHALL, RICK
Address: 509 SHERBURN CT
City-St-Zip: ORLANDO, FL 32828

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: CAROLE COSENZA

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date