

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90023 009 ****61.25

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04042007 Chg-NP CR2E037 (12/06)

DOCUMENT # N06000001754 1. Entity Name DESTIN WEST OFFICE BUILDING CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1500 MIRACLE STRIP PARKWAY SE FORT WALTON BEACH, FL 32548				Mailing Address 1500 MIRACLE STRIP PARKWAY SE FORT WALTON BEACH, FL 32548	
2. Principal Place of Business - No P.O. Box # 1324 MIRACLE STRIP PKWY Suite, Apt. #, etc. # L08		3. Mailing Address 1324 MIRACLE STRIP PKWY Suite, Apt. #, etc. # L08		4. FEI Number 20-5993403 Applied For <input type="checkbox"/> Not Applicable	
City & State FT WALTON BEACH FL		City & State FT WALTON BEACH FL			
Zip 32548		Zip 32548			
Country OKALOOSA		Country OKALOOSA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALVATORI & WOOD, P.L. 4001 TAMIAMI TRAIL NORTH, SUITE 330 NAPLES, FL 34103				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP TOLBERT, III, FRED E 1500 MIRACLE STRIP PARKWAY SE FORT WALTON BEACH, FL 32548		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1320 MIRACLE STRIP PKWY STE #400 FT WALTON BEACH FL 32548	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV KREUSER, WILLIAM G 1500 MIRACLE STRIP PARKWAY SE FORT WALTON BEACH, FL 32548		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1320 MIRACLE STRIP PKWY STE #400 FT WALTON BEACH FL 32548	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DTS CLUCK, GAIL 1500 MIRACLE STRIP PARKWAY SE FORT WALTON BEACH, FL 32548		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1320 MIRACLE STRIP PKWY STE #400 FT WALTON BEACH FL 32548	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ FRED E TOLBERT III 4/18/07 850-862-5600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					