

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001754

FILED
Apr 03, 2009
Secretary of State

Entity Name: DESTIN WEST OFFICE BUILDING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1324 MIRACLE STRIP PKWY
#L08
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

1320 MIRACLE STRIP PKWY
FORT WALTON BEACH, FL 32548

Current Mailing Address:

1324 MIRACLE STRIP PKWY
#L08
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 20-5993403 **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: DP () Delete
Name: TOLBERT, III, FRED E
Address: 1320 MIRACLE STRIP PKWY STE #400
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: DV () Delete
Name: KREUSER, WILLIAM G
Address: 1320 MIRACLE STRIP PARKWAY STE #400
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: DTS () Delete
Name: CLUCK, GAIL
Address: 1320 MIRACLE STRIP PARKWAY STE #400
City-St-Zip: FORT WALTON BEACH, FL 32548

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:

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: SHIRLEY REESE

GM

04/03/2009

Electronic Signature of Signing Officer or Director

Date