

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001754

**FILED**  
**Mar 02, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

1320 MIRACLE STRIP PKWY  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**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  
Name: TOLBERT, III, FRED E  
Address: 1500 MIRACLE STRIP PARKWAY  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: DTS  
Name: CLUCK, GAIL  
Address: 1500 MIRACLE STRIP PARKWAY  
City-St-Zip: FORT WALTON BEACH, FL 32548

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY REESE

GM

03/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date