

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90388 041 ****61.25

DOCUMENT # N06000013126

1. Entity Name
DESTIN COMMUNITY LAND TRUST, INC.



Principal Place of Business
4200 TWO TREES ROAD
DESTIN, FL 32541

Mailing Address
4200 TWO TREES ROAD
DESTIN, FL 32541



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

36-4600856

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, J. JEROME
415 MOUNTAIN DRIVE
SUITE 3
DESTIN, FL 32541

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **P** ☐ Delete
NAME **WEIDENHAMER, NANCY**
STREET ADDRESS **808 WILD OAK AVENUE**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE **D** ☐ Change ☒ Addition
NAME **Norma Freeman**
STREET ADDRESS **900 Gulf Shore Dr**
CITY-ST-ZIP **Destin FL 32541**

TITLE **S** ☒ Delete
NAME **MAGUIRE, JUDY**
STREET ADDRESS **316 SPANISH MOSS TRAIL**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE **D** ☐ Change ☒ Addition
NAME **John Medina**
STREET ADDRESS **602 Magnolia Dr**
CITY-ST-ZIP **Destin FL 32541**

TITLE **T** ☐ Delete
NAME **WEIDENHAMER, TOM**
STREET ADDRESS **808 WILD OAK AVENUE**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE **D** ☐ Change ☒ Addition
NAME **Craig Tingle**
STREET ADDRESS **535 Lakewood Ave**
CITY-ST-ZIP **Destin FL 32541**

TITLE **VP** ☒ Delete
NAME **WOOD, JAMES JR.**
STREET ADDRESS **3790 MISTY WAY**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE **D** ☐ Change ☒ Addition
NAME **Mary Anne Winder**
STREET ADDRESS **787 Spring Lake**
CITY-ST-ZIP **Destin FL 32541**

TITLE **VP** ☐ Delete
NAME **NISSLEY, JIM**
STREET ADDRESS **4676 WINDSTAR DRIVE**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE **D** ☐ Change ☒ Addition
NAME **Chuck Landers**
STREET ADDRESS **4219 Jade Loop**
CITY-ST-ZIP **Destin FL 32541**

TITLE **D** ☐ Delete
NAME **NAJARIAN, JERRY**
STREET ADDRESS **130 CALHOUN AVENUE**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE **D** ☐ Change ☒ Addition
NAME **Byron Markel**
STREET ADDRESS **4541 Luke Ave**
CITY-ST-ZIP **Destin FL 32541**

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: Nancy Weidenhamer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-08
Date

850-837-3463
Daytime Phone #

ATTACHMENT

40086684

#NO6000013126

P

addition

Chris Clauson

4115 N Indian Trail

Destin FL 32541