

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06932

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** DESTIN BUSINESS CENTER ASSOCIATION, INC.

**Current Principal Place of Business:**

215 MOUNTAIN DR.  
DESTIN, FL 32541 US

**New Principal Place of Business:**

**Current Mailing Address:**

1270 NORTH EGLIN PARKWAY  
C/O AMERICAN REALTY  
SHALIMAR, FL 32579 US

**New Mailing Address:**

**FEI Number:** 59-2494470

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRAZIER, GLORIA  
1270 EGLIN PKWY  
SHALIMAR, FL 32579 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  
Name: MCFATTER, CHARLES  
Address: PO BOX 4  
City-St-Zip: FLORALA, FL 36442

Title: D  
Name: HARMON, ED  
Address: 215 MOUNTAIN DR, STE 103  
City-St-Zip: DESTIN, FL

Title: STD  
Name: FRAZIER, GLORIA K.  
Address: 1270 EGLIN PKWY  
City-St-Zip: SHALIMAR, FL 32579

Title: DP  
Name: VICKERS, WILLIAM  
Address: PO BOX 5050  
City-St-Zip: DESTIN, FL 32540

Title: D  
Name: WINDES, MARYANN  
Address: PO BOX 5533  
City-St-Zip: DESTIN, FL 32541

Title: D  
Name: RALLS, JOHN  
Address: PO BOX 9414  
City-St-Zip: PENSACOLA, FL 32513

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: GLORIA K. FRAZIER

STD

03/22/2012

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

\_\_\_\_\_  
Date