2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10408

FILED Mar 06, 2009 Secretary of State

Entity Name: DESTIN HARBOR RESORT - WEST OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 223 DURANGO RD DESTIN, FL 32541 US **Current Mailing Address: New Mailing Address:** 1114 E JOHN SIMS PKWY PO BOX 4416 FORT WALTON BEACH, FL 32549 #152 US NICEVILLE, FL 32578 US FEI Number: 59-3063729 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOOTEN, DAVID CMA HOOTEN, DAVID CMA 1114 E JOHN SIMS PKWY 427 OVERSTREET DRIVE DESTIN, FL 32541 NICEVILLE, FL 32578 US 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: DAVID HOOTEN 03/06/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition LETA, KOK LETA, KOK Name: Name: 223 DURANGO RD #30 Address: 223 DURANGO RD #3D Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541 Title: () Delete Title: () Change () Addition SIEVER, ROGER Name: Name: Address: P.O. BOX 752 Address: City-St-Zip: PIKEVILLE, TN 37367 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, VICKIE Name: Name: Address: 100 LAKESIDE CIRCLE Address: City-St-Zip: HENDERSONVILLE, TN 37075 City-St-Zip: () Delete Title: HR Title: () Change () Addition CALDWELL, JACK Name: Name: Address: 19 TIMBERLAKE TRAIL Address: City-St-Zip: FAYETTEVILLE, TN 37334 City-St-Zip: Title: () Delete Title: () Change () Addition OVERSTREET, DALE Name: Name: P.O. BOX 66 Address: Address: City-St-Zip: LEXINGTON, GA 30648 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: LETA KOK P 03/06/2009