

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22915

FILED
Apr 14, 2009
Secretary of State

Entity Name: DESTIN COMMERCE PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12 COMMERCE DR.
DESTIN, FL 32540

New Principal Place of Business:

Current Mailing Address:

326 STAHLMAN AVENUE
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-2949612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONALDSON, GUY A PRES
326 STAHLMAN AVENUE
DESTIN, FL 32541 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: PD () Delete
Name: DONALDSON, GUY
Address: 326 STAHLMAN AVE
City-St-Zip: DESTIN, FL 32541

Title: STD () Delete
Name: DONALDSON, HELEN
Address: 326 STAHLMAN AVENUE
City-St-Zip: DESTIN, FL 32541

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: KELLIE, FOLLEY
Address: 326 STAHLMAN AVENUE
City-St-Zip: DESTIN, FL 32541

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: HELEN K DONALDSON

STD

04/14/2009

Electronic Signature of Signing Officer or Director

Date