2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25876

FILED Jan 25, 2005 Secretary of State

Entity Name: THE ENCLAVE CONDOMINIUM ASSOCIATION OF DESTIN, INC.

Current Principal Place of Business: New Principal Place of Business:

3655 SCENIC HIGHWAY 98 DESTIN, FL 32541

Current Mailing Address: New Mailing Address:

10221 EMERALD COAST PARKWAY WEST SUITE 23 MIRAMAR BEACH, FL 32550

FEI Number: 59-2968807 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GELDER, JAY B 10221 EMERALD COAST PARKWAY WEST SUITE 23 MIRAMAR BEACH, FL 32550 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition BLIMLING, SAM BLIMLING, SAM Name: Name: 3655 SCENIC HWY 98, #701B Address: 3655 SCENIC HWY 98, #701B Address:

City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541

Title: Title: () Delete (X) Change () Addition

SAED, ANITA Name: SAED, ANITA Name: Address: 3655 SECNIC HWY 98, #203B Address:

3655 SECNIC HWY 98, #203B City-St-Zip: DESTIN, FL 32541

DESTIN, FL 32541 City-St-Zip:

Title: () Delete Title: SD (X) Change () Addition SHEARER, VIRGINIA SHEARER, VIRGINIA Name: Name:

3655 SCENIC HWY 98 Address: Address: 3655 SCENIC HWY 98 City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541

(X) Change () Addition Title: () Delete Title: TD

O'CONNOR, JIM Name: Name: O'CONNOR, JIM 5493 COURIER CT. 5493 COURIER CT. Address: Address: City-St-Zip: CINCINATTI, OH 45238 City-St-Zip: CINCINATTI, OH 45238

Title: () Delete Title: () Change () Addition

COFFE, BOYD Name: Name: 1540 S MT JULIET Address: Address: City-St-Zip: MT JULIET, TN 37122 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

DESPAIN, LEO KLOSTERMAN, HANK Name: Name: Address: 420 LAKESHORE W Address: 3655 SCENIC HWY 98, #303B

LAKE QUIVARA, KS 66217 DESTIN, FL 32541 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SAM BLIMLING PD 01/25/2005