## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N25876

FILED Jan 17, 2006 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 () Change () Addition BLIMLING, SAM Name: Name: 3655 SCENIC HWY 98, #701B Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: 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 City-St-Zip: DESTIN, FL 32541 Title: () Delete Title: (X) Change ( ) Addition SHEARER, VIRGINIA SHEARER, BOB Name: Name: 3655 SCENIC HWY 98 3655 SCENIC HWY 98, #705B Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541 Title: TD ( ) Delete Title: TD (X) Change ( ) Addition MONTGOMERY, BOB Name: O'CONNOR, JIM Name: 5493 COURIER CT. 1709 GRIFFIN GATE RD. Address: Address: City-St-Zip: CINCINATTI, OH 45238 City-St-Zip: LOUISVILLE, KY 40205 Title: Title:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: SAM BLIMLING PD 01/17/2006

() Delete

() Delete

3655 SCENIC HWY 98, #303B

COFFE, BOYD

1540 S MT JULIET

MT JULIET, TN 37122

KLOSTERMAN, HANK

DESTIN, FL 32541

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

() Change () Addition

(X) Change ( ) Addition

KLOSTERMAN, HANK

DESTIN, FL 32541

3655 SCENIC HWY 98, #303B