

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25876

FILED
Apr 07, 2008
Secretary of State

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

Current Principal Place of Business:

3655 SCENIC HIGHWAY 98
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

GELDER, JAY B
10221 EMERALD COAST PARKWAY WEST
SUITE 23
MIRAMAR BEACH, FL 32550 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: VPD () Delete
Name: BLIMLING, SAM
Address: 3655 SCENIC HWY 98, #701B
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: SAED, ANITA
Address: 3655 SECNIC HWY 98, #203B
City-St-Zip: DESTIN, FL 32541

Title: PD () Delete
Name: O'CONNOR, JIM
Address: 3655 SCENIC HWY 98, #205
City-St-Zip: DESTIN, FL 32541

Title: TD () Delete
Name: MONTGOMERY, BOB
Address: 1709 GRIFFIN GATE RD.
City-St-Zip: LOUISVILLE, KY 40205

Title: SD () Delete
Name: MALMSTEN, JO
Address: 3655 SCENIC HWY 98 #303B
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: KLOSTERMAN, HANK
Address: 3655 SCENIC HWY 98, #303B
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: LAWSON, EDWARD
Address: 1829 S. COBB INDUSTRIAL BLVD.
City-St-Zip: SMYRNA, GA 30082

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

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

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

Title: () Change () Addition
Name:
Address:
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: JIM O'CONNOR

PD

04/07/2008

Electronic Signature of Signing Officer or Director

Date