
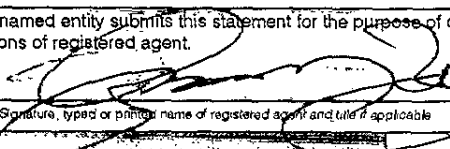
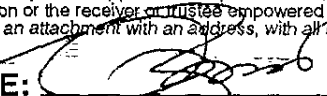


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N50544</b> 1. Entity Name <b>DESTIN RENAISSANCE PHASE I OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>220 HIGHWAY 98 EAST DESTIN FL 32541</b>		Mailing Address <b>662 HWY 98E UNIT 440 DESTIN FL 32541</b>			
2. Principal Place of Business Suite, Apt #, etc. City & State Zip Country		3. Mailing Address Suite, Apt #, etc. City & State Zip Country			
4. FEI Number <b>59-3366368</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E037 (10/04)	
6. Name and Address of Current Registered Agent  <b>ZABEL, KENNETH 662 HWY 98E UNIT 440 DESTIN FL 32541</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>		(NOTE: Registered Agent signature required when reinstating)		DATE <b>2/08/05</b>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZABEL, KENNETH 662 HWY 98E UNIT 440 DESTIN FL 32541	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZABEL, BETTY J. 662 HWY 98E UNIT 440 DESTIN FL 32541	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	11010000223812 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/10/05-80060-006 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SONG, KYONG CHA 230 HWY. 98 E. DESTIN FL 32541	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>2805</b> Daytime Phone # <b>850-8372619</b>	