

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matheson  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

90 MAY 11 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000001913 (3)**

1. Corporation Name

**DESTIN POINTE OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

480 GULFSHORE DRIVE  
DESTIN FL 32541

111 CENTER  
STE 1600  
LITTLE ROCK AR 72201  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/28/1993</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-3181518</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Suite, Apt #, etc 22	Suite, Apt #, etc 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> \$68.75 Supplemental Fee Not Required
Zip 24	Country 25	29
	Zip 29	Country 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  
 Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRAEMER, MARY K  
727 HIGHWAY 98 EAST  
STE. 200  
DESTIN FL 32541

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	FL
B3	
B4 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of current registered agent or registered agent for service of process

Signature of new registered agent or registered agent for service of process

(30)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD HERRINGTON, PHIL <del>1300 WORTHEN BANK BLDG-</del> <del>LITTLE ROCK AR</del>	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 111 Center Suite 1600 Little Rock, AR 72201
TITLE NAME STREET ADDRESS CITY ST ZIP	STD SIMON, DAVID 115 WEST WASHINGTON INDIANAPOLIS IN	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD
TITLE NAME STREET ADDRESS CITY ST ZIP	D WAIT, ANN <del>1300 WORTHEN BANK BLDG-</del> <del>LITTLE ROCK AR</del>	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD 111 Center Suite 1600 Little Rock, AR 72201
TITLE NAME STREET ADDRESS CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I (he) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ann N. Wait, Secretary* ANN N. WAIT 4/27/95 904-857-4800  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Signature Present)