FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300001913 (3)

DESTIN POINTE OWNERS' ASSOCIATION, INC.

Principal Place of Business		Mailing Address		* (00)(10) 100 (11) 40(1) 40(1) 40(1) 40(1)	(B101 11414 14101 21694 1911 1941	
490 GULFSHORE DRIVE DESTIN FL 32541		111 CENTER		3. Date Incorporated or Qualified		
		STE 1600 LITTLE ROCK AR 72201			04/28/1993	
1		US			4. FEI Number	Applied For
2. Principal P	Piace of Business	2a. Mailing Address			59-3181518	Not Applicable
21		26		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Sulte, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be	
22		27		Trust Fund Contribution	Added to Fees	
City & Stat	le .	City & State		7. Is this nonprofit corporation a homeowne		
Zip	Country	28 Zip	Country	,		□ No
24	25	L	30		This corporation owes or has pald the cu Personal Property Tax due June 30.	irrent year intangible
B-1	9. Name and Address of Curren				10. Name and Address of New Registered	<u> </u>
			81	Name		
Kraemer, Mary K			82	Street	Address (P.O. Box Number is Not Acceptable)	<u> </u>
ſ	HWAY 98 EAST		100			
STE. 200 DESTIN FL 32541			83			
DESTIN	FL 32941		84	City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the abov	e-named	cornoration submits this statement for the purpose of	f changing its registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was au itions of, Section 617,0503, Flor	uthorized by rida Statute	y the cor s.	poration's board of directors. I hereby accept the app	pointment as registered
SIGNATURE		,				
	Signature, typed or printed name of registered ager			nt signature	e required when reinstating) DATE	
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME			1.2 NAME		}	
STREET ADDRESS	111 CENTER SUITE 1600		1.3 STREET	ADDRESS		
CITY-ST-ZIP	LITTLE ROCK AR		1.4 CITY-5			
TITLE			2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS]	
CITY-ST-ZIP			2.4 CITY- 3.1 TITLE	ST-ZIP		The second second
TITLE NAME	D Johnson, Robert					Change Addition
STREET ADDRESS	4110 RANCHVIEW LANE, N.			ADDRESS	·	
CITY-ST-ZIP	PLYMOUTH MN		3.4. CITY-			
TITLE		☐ DELETE	4.1 TITLE	J1 <u>L</u> 4	D	Change XX Addition
NAME			4. 2 NAME		Fisher, Earl	
STREET ADDRESS			4.3 STREET	ADDRES\$	927 Mockingbird Lane	
CITY-ST-2IP			4.4 CITY - 5	T-ZIP	Griffin, GA 30224	
TITLE		☐ DELETE	5.1 TITLE		D	Change Addition
NAME STREET 4000500			5.2 NAME		Kent, Chris	
STREET ADDRESS			5.3 STREET		10 West Shallows Drive	
CITY-ST-ZIP TITLE		☐ DELETE	5.4 Crty - S 6.1 TITLE	II-ZIP	Santa Rosa Beach, FL 32459	Change Addition
NAME		tra peress	6.2 NAME		Vezertzis, Pat	- onange - recultori
STREET ADDRESS			6.3 STREET	ADDRESS	402 Crystal Lake Drive NE	
CITY . CT . 710			6 A CITY . C		Et Davine AL 35067	

1. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

REQUIRAMH M. WANT

3/11/98 (501)374-LAS

FILED

Mar 20 1998 8:00am

Secretary of State

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