
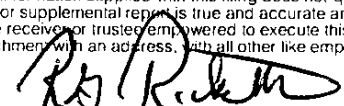


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90210 042 ****61.25

DOCUMENT # N93000001913			
1. Entity Name DESTIN POINTE OWNERS' ASSOCIATION, INC.			
Principal Place of Business 480 GULF SHORE DRIVE DESTIN, FL 32541		Mailing Address 480 GULF SHORE DRIVE DESTIN, FL 32541 US	
2. Principal Place of Business		3. Mailing Address 205 BROOKS ST, STE 201	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FT WALTON BEACH, FL	
Zip	Country	Zip	Country
		32548	US
03062006		Chg-NP CR2E037 (11/05)	
4. FEI Number 59-3181518		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KRAEMER, MARY K 4475 LEGENDARY DRIVE DESTIN, FL 32541		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROJAN, TERRY 3516 OLD DAWSON ALBANY, GA 31721 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Ricketts, Rick 3581 Waverly Circle Destin, FL 32541 Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISE, PEGGY 823 TARPON DR FORT WALTON BEACH, FL 32548 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICK CHAPPELL VP/D 569 Midway Cir. Brentwood, TN 37027 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESTER, RANDY 1305 BIG COVE HUNTSVILLE, AL 35801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KAY ANDERSON S/D 6480 S. Oak Shadows Cir. Memphis, TN 38119 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENT, CHRIS 10 W. SHALLOWS DRIVE SANTA ROSA BEACH, FL 32459 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARK SMITH T/D 3311 Orleans Dr. Nashville, TN 37212 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MYLER, STEVE 480 GULF SHORE DRIVE DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RANDY HESTER D 1305 Big Cove Huntsville, AL 35801 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICKETTS, RICK 3581 WAVERLY CIRCLE DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOLENE ARMSTRONG 83 Baracuda Destin, FL 32541 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowerer			
SIGNATURE: 		Date: 4/17/06 Daytime Phone #: 8506646000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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