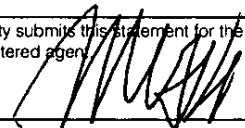
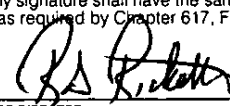


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90051 034 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                                  |                                                                                     |                                                                                                                                                                                                                                   |                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>DOCUMENT # N93000001913</b><br>1. Entity Name<br><b>DESTIN POINTE OWNERS' ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    |                                                                                  |                                                                                     |                                                                                                                                                  |                                                              |
| Principal Place of Business<br><b>480 GULF SHORE DRIVE<br/>DESTIN, FL 32541</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                                  | Mailing Address<br><b>205 BROOKS ST, STE 201<br/>FORT WALTON BEACH, FL 32548 US</b> |                                                                                                                                                                                                                                   |                                                              |
| 2. Principal Place of Business - No P.O. Box #<br><b>480 Gulf Shore Drive</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    | 3. Mailing Address<br>Suite, Apt. #, etc.                                        |                                                                                     |                                                                                                                                                                                                                                   |                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    | Suite, Apt. #, etc.                                                              |                                                                                     |                                                                                                                                                                                                                                   |                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    | City & State                                                                     |                                                                                     | 4. FEI Number<br><b>59-3181518</b>                                                                                                                                                                                                |                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    | Country                                                                          |                                                                                     | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                   |                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    | Country                                                                          |                                                                                     | 04302007 Chg-NP CR2E037 (12/06)                                                                                                                                                                                                   |                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>KRAEMER, MARY K<br/>4475 LEGENDARY DRIVE<br/>DESTIN, FL 32541</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |                                                                                  |                                                                                     | 7. Name and Address of New Registered Agent<br>Name <b>Michael G Kent</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>205 Brooks St, Ste 201</b><br>City <b>Fort Walton Beach</b> <b>FL</b> Zip Code <b>32548</b> |                                                              |
| 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 <b>4/30/07</b>                                                                                                                                                                                                               |                                                              |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    |                                                                                  |                                                                                     |                                                                                                                                                                                                                                   |                                                              |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VPD<br>CHAPPELL, RICK<br>569 MIDWAY CIR<br>BRENTWOOD, TN 37027     | <input type="checkbox"/> Delete                                                  |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                    | <b>480 Gulf Shore Drive<br/>Destin FL 32541</b>              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SD<br>ANDERSON, KAY<br>6480 S OAK SHADOWS CIR<br>MEMPHIS, TN 38119 | <input checked="" type="checkbox"/> Delete                                       |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                    | SD<br>JJ Chambers<br>480 Gulf Shore Drive<br>Destin FL 32541 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>HESTER, RANDY<br>1305 BIG COVE<br>HUNTSVILLE, AL 35801        | <input type="checkbox"/> Delete                                                  |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                    | <b>480 Gulf Shore Drive<br/>Destin FL 32541</b>              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TD<br>SMITH, MARK<br>3311 ORLEANS DR<br>NASHVILLE, TN 37212        | <input type="checkbox"/> Delete                                                  |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                    | <b>480 Gulf Shore Drive<br/>Destin FL 32541</b>              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>ARMSTRONG, JOLENE<br>83 BERACUDA<br>DESTIN, FL 32541          | <input type="checkbox"/> Delete                                                  |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                    | <b>480 Gulf Shore Drive<br/>Destin FL 32541</b>              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>RICKETTS, RICK<br>3561 WAVERLY CIR<br>DESTIN, FL 32541       | <input type="checkbox"/> Delete                                                  |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                    | <b>480 Gulf Shore Drive<br/>Destin FL 32541</b>              |
| 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 empowered. |                                                                    |                                                                                  |                                                                                     |                                                                                                                                                                                                                                   |                                                              |
| <b>SIGNATURE: R.G. Bicketts, President</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                                                  |                                                                                     | <b>5/1/07</b> <b>850-654-9820</b>                                                                                                                                                                                                 |                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    |                                                                                  |                                                                                     | Date Daytime Phone #                                                                                                                                                                                                              |                                                              |

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                                                                                                            |                                                                                                                                                                         |                                                                                                        |                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N93000001913</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |                                                                                                                            |                                                                                                                                                                         |                                                                                                        |                                                                              |
| <b>1. Entity Name</b><br>DESTIN POINTE OWNERS' ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                                                                                            |                                                                                                                                                                         |                                                                                                        |                                                                              |
| <b>Principal Place of Business</b><br>480 GULF SHORE DRIVE<br>DESTIN, FL 32541                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |                                                                                                                            | <b>Mailing Address</b><br>205 BROOKS ST, STE 201<br>FORT WALTON BEACH, FL 32548 US                                                                                      |                                                                                                        |                                                                              |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    | <b>3. Mailing Address</b>                                                                                                  |                                                                                                                                                                         |                                                                                                        |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    | Suite, Apt. #, etc.                                                                                                        |                                                                                                                                                                         |                                                                                                        |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    | City & State                                                                                                               |                                                                                                                                                                         | <b>4. FEI Number</b><br>59-3181518                                                                     |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    | Country                                                                                                                    |                                                                                                                                                                         | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                                              |
| <b>6. Name and Address of Current Registered Agent</b><br><br>KRAEMER, MARY K<br>4475 LEGENDARY DRIVE<br>DESTIN, FL 32541                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    |                                                                                                                            | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |                                                                                                        |                                                                              |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                                                                                            |                                                                                                                                                                         |                                                                                                        |                                                                              |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    |                                                                                                                            |                                                                                                                                                                         |                                                                                                        |                                                                              |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    | <b>9. Election Campaign Financing Trust Fund Contribution.</b> <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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | VPD<br>CHAPPELL, RICK<br>569 MIDWAY CIR<br>BRENTWOOD, TN 37027     | <input type="checkbox"/> Delete                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | D<br>Daniel Clements<br>480 Gulf Shore Drive<br>Destin FL 32541                                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SD<br>ANDERSON, KAY<br>6480 S OAK SHADOWS CIR<br>MEMPHIS, TN 38119 | <input type="checkbox"/> Delete                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | D<br>John Blue<br>480 Gulf Shore Drive<br>Destin FL 32541                                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D<br>HESTER, RANDY<br>1305 BIG COVE<br>HUNTSVILLE, AL 35891        | <input type="checkbox"/> Delete                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | D<br>Tom Allison<br>480 Gulf Shore Drive<br>Destin FL 32541                                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TD<br>SMITH, MARK<br>3311 ORLEANS DR<br>NASHVILLE, TN 37212        | <input type="checkbox"/> Delete                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          |                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D<br>ARMSTRONG, JOLENE<br>83 BERACUDA<br>DESTIN, FL 32541          | <input type="checkbox"/> Delete                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          |                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PD<br>RICKETTS, RICK<br>3561 WAVERLY CIR<br>DESTIN, FL 32541       | <input type="checkbox"/> Delete                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          |                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>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 empowered.</b> |                                                                    |                                                                                                                            |                                                                                                                                                                         |                                                                                                        |                                                                              |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                                                                            |                                                                                                                                                                         |                                                                                                        |                                                                              |
| <small>Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    |                                                                                                                            |                                                                                                                                                                         |                                                                                                        |                                                                              |

ATTACHMENT

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