

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90078 028 ****61.25

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1. Entity Name
DESTINY OWNERS ASSOCIATION, INC.



Principal Place of Business
12273 U.S. HWY 98
SUITE 208
DESTIN, FL 32550 US

Mailing Address
12273 U.S. HWY 98
SUITE 208
DESTIN, FL 32550 US

40072429



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3213621

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, WALTER D
12273 U.S. HWY 98
SUITE 208
DESTIN, FL 32550

Name Walt Leiser
Street Address (P.O. Box Number is Not Acceptable) 12273 U.S. Hwy 98, Suite 208
City Destin FL Zip Code 32550

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 Walt Leiser
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P LEE, JENNIFER 83 CAYMAN COVE DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VICKY SAIRROCCO <input type="checkbox"/> Change <input type="checkbox"/> Addition 4639 PARADISE ISLE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTERFIELD, JEFF 113 CAYMAN COVE DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARTHUR PARTIDGE <input type="checkbox"/> Change <input type="checkbox"/> Addition 129 CAYMAN COVE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THAYER, ROD 76 VISTA BLUFFS DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VIVIAN MARCHAL <input type="checkbox"/> Change <input type="checkbox"/> Addition 4616 PARADISE ISLE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANDY SHARPE <input type="checkbox"/> Delete 4623	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANNY REDMOND <input type="checkbox"/> Change <input type="checkbox"/> Addition 4640 PARADISE ISLE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRBY, TIM <input type="checkbox"/> Delete 4640 DESTINY WAY DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHANIA PERILLO <input type="checkbox"/> Change <input type="checkbox"/> Addition 4619 PARADISE ISLE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUCCIO, ELIZABETH <input type="checkbox"/> Delete 4604 PARADISE ISLE DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOM GOLKNEWIG <input type="checkbox"/> Change <input type="checkbox"/> Addition 4661 DESTINY WAY DESTIN, FL 32541

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 any other like empowered.

SIGNATURE: Stephen W. Partidge
Signature and typed or printed name of signing officer or director Date Daytime Phone #