

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90244 036 \*\*\*\*61.25

**20044165**



<b>DOCUMENT # N93000005735</b>	
1. Entity Name DESTINY SHORES OWNERS ASSOCIATION, INC.	



Principal Place of Business 10221 EMERALD COAST PKWY. W, STE 23 MIRAMAR BEACH, FL 32550 US	Mailing Address 10221 EMERALD COAST PKWY. W, STE 23 MIRAMAR BEACH, FL 32550 US
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2. Principal Place of Business 3474 Scenic Hwy 98 Suite, Apt. #, etc.	3. Mailing Address 3474 Scenic Hwy 98 Suite, Apt. #, etc.
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City & State Destin, FL	City & State Destin, FL
Zip 32541	Zip 32541
Country Okaloosa	Country Okaloosa

02152006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3220029	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  GELDER, JAY B 10221 EMERALD COAST PKWY. W, STE 23 DESTIN, FL 32550	
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7. Name and Address of New Registered Agent Name <u>Dennis Jones</u> Street Address (P.O. Box Number is Not Acceptable) <u>3474 Scenic Hwy 98</u> City <u>Destin</u> <u>FL</u> Zip Code <u>32541</u>	
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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 _____	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, DENNY 2245 ISLAND STREET MARIETTA, GA 30062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dennis Jones 3474 Scenic Hwy 98 Destin, FL 32541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, PAT 3482 SCENIC HWY 98 DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>REDACTED</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, MIKE 3472 SCENIC HWY 98 DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERRY, LINDA 3484 SCENIC HWY 98 DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, LARRY 3470 SCENIC HWY 98 DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

SIGNATURE: <u>Dennis Jones</u> (DENNY JONES)	Date <u>4/20/06</u>	Daytime Phone # <u>(850) 654 1887</u>
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