2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007
Secretary of State

DOCUMENT# N93000005735

Entity Name: DESTINY SHORES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3474 SCENIC HWY 98
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

3474 SCENIC HWY 98
DESTIN, FL 32541 US

New Mailing Address:

FEI Number: 59-3220029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, DENNIS
3474 SCENIC HWY 98
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JONES, DENNIS
Address: 3474 SCENIC HWY 98
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete
Name: WRIGHT, MIKE
Address: 3472 SCENIC HWY 98
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete
Name: CHERRY, LINDA
Address: 3484 SCENIC HWY 98
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete
Name: BELL, LARRY
Address: 3470 SCENIC HWY 98
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS JONES PD 09/04/2007
Electronic Signature of Signing Officer or Director — Date