2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2008 8:00 am Secretary of State

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1. Entity Name	MENT # N9400000 ELANDING OF DESTIN PR TION, INC.		23-2008 90021 04		25		
Principal Place	e of Business	Mailing Address					
		P.O. BOX 183					
DESTIN, FL 3	32540 US	DESTIN, FL 32540	US .	1			
				1 (882)(80 815 (83)(815			
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address					
				1 18841189 014 19111 024	18 18311 BAIII MAISS BAISE GOSOS I	1019 81111 19818 118	iiri ei irai
Suite, Apt. #, etc.		Suite, Apt. #, etc.	uite, Apt. #, etc.		-NP CR2E0	37 (12/06)	
City & State		City & State	City & State				plied For
City & State		City & State	City & State				t Applicable
Zip Country		Zip	Country	\$9.75 Additional			
				5. Certificate of Stat	us Desired	Fee Required	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Addre	ss of New Registered	Agent	
GENEVA,	DICKEY M		Name				
4030 KATS			Street Addr	ess (P.O. Box Number is No	t Acceptable)	-	
DESTIN, FL 32541			<u> </u>				
			City		Fl	Zip Code	9
8. The above	named entity submits this statement	for the purpose of changing its	registered office or reg	gistered agent, or both, in th	e State of Florida. I am	familiar with,	and accept
the obligat	ions of registered agent.						
	÷į.						
SIGNATURE .	Signature, typed or printed name of registered age	ant and title if applicable (NOTE	: Registered Agent signature re	POLITER when reinelating)	DATE	-	
		and and the mapping control	- Togote to Agont signature			-	
Filing Fee is \$61.25 9. Election Campaig Trust Fund Contril				\$5.00 May Be		k payable to	
	Due by May 1, 2008			Added to Fees	Florida Depa		
10. 6			11.	ADDITIONS/CHANGES	TO OFFICERS AND D		
TITLE	PD HOPE, DIANA	☐ Delete	TITLE NAME			☐ Change	Addition
NAME STREET ADDRESS	4022 LAUREN COURT		STREET ADDRESS				
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP				
TITLE	TD	☐ Delete	TITLE			☐ Change	Addition
NAME	DICKEY, GENEVA	a bolicie	NAME			L_1 onengo	
STREET ADDRESS	4030 KATS COURT		STREET ADDRESS				
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP				
TITLE	SD	☐ Delete	TITLE		<u> </u>	☐ Change	Addition
NAME	DEAN, KEVIN		NAME				
STREET ADDRESS	4039 KATS COURT		STREET ADDRESS				
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP				- Address
TITLE	VD PARKER DEDBY	☐ Delete	TITLE			Change	Addition
NAME STREET ADDRESS	BARKER, DEDRA 4025 LAUREN CT		NAME STREET ADDRESS				
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP				
TITLE		□ Delete	TITLE			☐ Change	Addition
			NAME				
NAME	}						
NAME STREET ADDRESS			STREET ADDRESS				
			STREET ADDRESS CITY-ST-ZIP				
STREET ADDRESS		□ Delete			 .	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY-ST-ZIP			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				
STREET ADDRESS CHY-ST-ZIP THLE NAME STREET ADDRESS CHY-ST-ZIP 12. I hereby indicated	certify that the information supplied v	with this filling does not qualify for	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP or the exemptions control signature shall have	e the same legal effect as if	made under nath: that i	rtily that the in	aformation
STREET ADDRESS CHY-ST-ZIP THLE NAME STREET ADDRESS CHY-ST-ZIP 12. I hereby indicated	l on this report or supplémental repor	with this filling does not qualify for	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP or the exemptions control signature shall have	e the same legal effect as if	made under nath: that i	rtily that the in	aformation
STREET ADDRESS CHY-ST-ZIP THLE NAME STREET ADDRESS CHY-ST-ZIP 12. I hereby indicated	certify that the information supplied videntification or the receiver or trustee enders or on an attachment with an address	with this filing does not quality for it is true and accurate and that r inpowered to execute this report is, with all alther like empowered	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP In the exemptions contracting signature shall have as required by Chapter	e the same legal effect as if	made under oath; that that that my name appears	rtily that the in am an officer in Block 10 or	or director Slock 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: