

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001985 (9)

1. Corporation Name

DESTINATION OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**26-A RACETRACK ROAD, N.W.
FT. WALTON BEACH FL 32548**

**26-A RACETRACK ROAD, N.W.
FT. WALTON BEACH FL 32548**

3. Date Incorporated or Qualified

04/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 541 Mary Esther Cut-Off

26 Post Office Box 1447

4. FEI Number

59-3321579

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Fort Walton Beach, FL

28 Fort Walton Beach, FL

Zip

Country

Zip

Country

24 32548

25 U.S.A.

29 32549

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEE, ROBERT E
26-A RACETRACK ROAD, N.W.
FT. WALTON BEACH FL 32548**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

541 Mary Esther Cut-Off

83

Fort Walton Beach

84 City

FL

85 Zip Code

32548

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable (If filer is Registered Agent, signature required below, not here)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **LEE, ROBERT E**
STREET ADDRESS **26-A RACETRACK ROAD, N.W.**
CITY-ST-ZIP **FT. WALTON BEACH FL 32548**

1.1 TITLE ☐ Change ☐ Add on

1.2 NAME **541 Mary Esther Cut-Off**
1.3 STREET ADDRESS **Fort Walton Beach, FL 32548**
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **STD KRUSE, CRAIG J**
STREET ADDRESS **10 RACETRACK ROAD, N.W.**
CITY-ST-ZIP **FT. WALTON BEACH FL 32547**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VPD MONTALTO, SAM**
STREET ADDRESS **1120 SANTA ROSA BOULEVARD**
CITY-ST-ZIP **FT. WALTON BEACH FL 32548**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

/ROBERT E. LEE

3/27/96

(904)244-7611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)