

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000001985**

1. Corporation Name

**DESTINATION OWNERS' ASSOCIATION, INC.**

Principal Place of Business

541 MARY ESTHER CUT-OFF  
FT WALTON BEACH FL 32548  
US

Mailing Address

POST OFFICE BOX 1447  
FT WALTON BEACH FL 32549  
US

**FILED**  
**Sep 20, 1999 8:00 am**  
**Secretary of State**

09-20-1999 90009 018 \*\*\*\*61.25

6 17284 - 90009 - 18



2. Principal Place of Business

21 **10 Racetrack Rd, NW**

Suite, Apt. #, etc.

22

City & State

23 **Fort Walton Bch, FL**

Zip

24 **32547**

Country

25 **US**

2a. Mailing Address

26 **10 Racetrack Rd, NW**

Suite, Apt. #, etc.

27

City & State

28 **Fort Walton Bch, FL**

Zip

29 **32547**

Country

30 **US**

3. Date Incorporated or Qualified

**04/24/1995**

4. FEI Number

**59-3321579**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

**LEE, ROBERT E**  
**541 MART ESTHER CUT-OFF**  
**FT WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent

81 Name **CRAIG J. KRUSE**

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

**10 Racetrack Rd, N.W.**

83

84 City **FORT WALTON BEACH FL**

85 Zip Code  
**32547**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	LEE, ROBERT E	1.2 NAME	CRAIG J. KRUSE
STREET ADDRESS	541 MARY ESTHER CUT-OFF	1.3 STREET ADDRESS	10 Racetrack Rd, NW
CITY-ST-ZIP	FT WALTON BEACH FL	1.4 CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	STD	2.1 TITLE	
NAME	KRUSE, CRAIG J.	2.2 NAME	
STREET ADDRESS	10 RACETRACK ROAD, N.W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	VPD
NAME	MONTALTO, SAM	3.2 NAME	Bettina A. CARLINO
STREET ADDRESS	1120 SANTA ROSA BOULEVARD	3.3 STREET ADDRESS	10 Racetrack Road, N.W
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	3.4 CITY-ST-ZIP	FORT. Walton Beach, FL 32547
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

8/14/99

850-963-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)