

**2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 23, 2005**  
**Secretary of State**

DOCUMENT# N96000001826

**Entity Name:** DESTINY BY THE SEA OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4811 OCEAN BLVD  
DESTIN, FL 32541 US**New Principal Place of Business:****Current Mailing Address:**%EMERALD COAST ASSOCIATION MANAGEMENT  
10221 EMERALD COAST PKWY, WEST, S23  
MIRAMAR BEACH, FL 32550 US**New Mailing Address:**C/O SUNCOAST ASSOCIATION MANAGEMENT, INC.  
12273 U.S. HWY 98 SUITE 208  
DESTIN, FL 32550 US**FEI Number:** 59-3371733**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SCOTT, WALTER D  
12273 HWY 98  
SUITE 208  
DESTIN, FL 32550 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:** D ( ) Delete  
**Name:** FELICE, TOM  
**Address:** 4785 OCEAN BLVD  
**City-St-Zip:** DESTIN, FL 32541**Title:** PD ( ) Delete  
**Name:** ELWELL, BETSY  
**Address:** 4759 OCEAN BLVD  
**City-St-Zip:** DESTIN, FL 32541**Title:** STD ( ) Delete  
**Name:** HAIRE, KAY  
**Address:** 4727 OCEAN BLVD  
**City-St-Zip:** DESTIN, FL 32541**Title:** VD ( ) Delete  
**Name:** NOBLIN, RENE  
**Address:** 79 STINGRAY  
**City-St-Zip:** DESTIN, FL 32541**Title:** D ( ) Delete  
**Name:** MURPHY, DAN  
**Address:** 530 BLUE HERON WAY  
**City-St-Zip:** ALPHARETTA, GA 30004**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:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BETSY ELWELL

PD

05/23/2005

Electronic Signature of Signing Officer or Director

Date