

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/

FILED
Jun 25, 2008 8:00 am
Secretary of State

04-28-2008 90378 036 ****61.25

DOCUMENT # N96000001826 1. Entity Name DESTINY BY THE SEA OWNERS ASSOCIATION, INC.			
Principal Place of Business 12273 US HWY 98 # 208 DESTIN, FL 32550 US		Mailing Address C/O SUNCOAST ASSOC MNGMT, INC. 12273 U.S. HWY 98 SUITE 208 DESTIN, FL 32550 US	
2. Principal Place of Business - No P.O. Box <i>Scenic Old Hwy 98</i>		3. Mailing Address <i>PO Box 322</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>DESTIN 71</i>		City & State <i>DESTIN 71</i>	
Zip <i>32541</i>		Zip <i>32540</i>	
Country		Country	
4. FEI Number 59-3371733		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEIRER, WALT 12273 HWY 98 SUITE 208 DESTIN, FL 32550		7. Name and Address of New Registered Agent Name: <i>COASTAL Properties Association</i> Street Address (P.O. Box Number is Not Acceptable): <i>ZACH Johnson</i> City: <i>36132 Emerald Coast Pkwy DESTIN</i> State: <i>FL</i> Zip: <i>32521</i>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>[Signature]</i> DATE: <i>4/24/08</i> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when naming)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FELICE, TOM 4785 OCEAN BLVD DESTIN, FL 32541	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ELWELL, BETSY 4759 OCEAN BLVD DESTIN, FL 32541	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST NEESE, STEPHEN 231 EDGEWATER DR CHAPIN, SC 29036	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARKER, KEITH 312 BARKER DR MOODY, AL 35004	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>5/21/08</i> Daytime Phone #: <i>850-503231</i>	