

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90001 040 ****61.25

DOCUMENT # N97000002211

1. Corporation Name

Phase 4 OF DESTINY EAST OWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 155 Poinciana Blvd

26 % Suncoast Assn mgmt. INC

4/18/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22 City & State

27 155 Poinciana Blvd

59-345-3238

Not Applicable

23 DESTIN FL

28 DESTIN FL 32541

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 32541

25 US

29 32541

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Dan Scott

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

155 Poinciana Blvd

83

84 City

DESTIN

FL

85 Zip Code

32541

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

W. DAN SCOTT

4/28/99

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	<input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	JAY UDEM
STREET ADDRESS		1.3 STREET ADDRESS	4652 GULF STARR DR
CITY-ST-ZIP		1.4 CITY-ST-ZIP	DESTIN FL 32541
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	CLIFF COHEN
STREET ADDRESS		2.3 STREET ADDRESS	4652 GULF STARR DR
CITY-ST-ZIP		2.4 CITY-ST-ZIP	DESTIN FL 32541
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Cindy Ley
STREET ADDRESS		3.3 STREET ADDRESS	4652 GULF STARR DR
CITY-ST-ZIP		3.4 CITY-ST-ZIP	DESTIN FL 32541
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

Date

850 654 4126

Daytime Phone #

CR2E037 (11/98)