

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 27, 2000 8:00 am
Secretary of State

03-01-2000 90029 040 ****61.25

DOCUMENT # N97000002211

1. Entity Name

PHASE 4 OF DESTINY EAST OWNERS ASSOCIATION, INC.

Principal Place of Business

155 POINCIANA BLVD
DESTIN FL 32541
US

Mailing Address

155 POINCIANA BLVD
DESTIN FL 32541-6225
US

2. Principal Place of Business

3551 Scenic Hwy 98

Suite, Apt. #, etc.

DESTIN, FL

City & State

32541

Zip

Country

3. Mailing Address

c/o Suncoast Association Management

Suite, Apt. #, etc.

12273 U.S. Hwy 98, Ste. 208

City & State

DESTIN FL

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3453238

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, DAN
155 POINCIANA BLVD
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

WALTER D. SCOTT

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

12273 U.S. Hwy 98, Ste 208

City

DESTIN

FL

Zip Code
32541

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	ODOM, JAY	
STREET ADDRESS	4652 GULF STARR DR	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	COHEN, CLIFF	
STREET ADDRESS	4652 GULF STARR DR	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	LEY, CINDY	
STREET ADDRESS	4652 GULF STARR DR	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONNIE L. MC GEE	
STREET ADDRESS	4652 DESTINY WAY	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN STEENMAN	
STREET ADDRESS	4020 BOW STREET NE	
CITY-ST-ZIP	CLEVELAND, TN 37312	
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY GILBERT	
STREET ADDRESS	12303 Hummingbird Way	
CITY-ST-ZIP	Sellersburg IN 47122	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)