

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002211

1. Entity Name

PHASE 4 OF DESTINY EAST OWNERS ASSOCIATION, INC.

FILED

Feb 18, 2002 8:00 am  
Secretary of State

02-18-2002 90138 044 \*\*\*\*61.25

Principal Place of Business  
3551 SCENIC HWY 98  
DESTIN FL 32541  
US

Mailing Address  
C/O SUNCOAST ASSOCIATION MANAGEMENT  
12273 US HWY 98 SUITE 208  
DESTIN FL 32541  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DESTIN FL

Zip

Country

Zip

Country

32550

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

7. Name and Address of New Registered Agent

SCOTT, WALTER D  
12273 US HWY 98  
SUITE 208  
DESTIN FL 32541

Name

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

City

DESTIN

FL

Zip Code

32550

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

1-11-01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D  
NAME MCGEE, RONNIE L  
STREET ADDRESS 4652 DESTINY WAY  
CITY-ST-ZIP DESTIN FL 32541

☐ Delete

TITLE VP/D  
NAME Ronnie McGee  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VP/D  
NAME SHEENAN, JOHN  
STREET ADDRESS 4020 BOW STREET NE  
CITY-ST-ZIP CLEVELAND TN 37312

☒ Delete

TITLE P/D  
NAME Duaine Kief  
STREET ADDRESS 1799 West Hewett Road  
CITY-ST-ZIP Santa Rosa Beach, FL 32459

☐ Change ☒ Addition

TITLE STD  
NAME GILBERT, LARRY  
STREET ADDRESS 12303 HUMMINGBIRD WAY  
CITY-ST-ZIP GEORGETOWN IN 47122

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Duaine Kief*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02  
Date

622-2345  
Daytime Phone #

CR2E037 (9/01)