

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90075 001 ****61.25

DOCUMENT # N97000002211

1. Entity Name
PHASE 4 OF DESTINY EAST OWNERS ASSOCIATION,
INC.



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.

01082004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3453238

Applied For
Not Applicable

Zip

Country

Zip

Country

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

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 VPD
NAME CANE, RON ☒ Delete
STREET ADDRESS 962 PARADSE ISLES
CITY-ST-ZIP DESTIN, FL 32541

TITLE VD
NAME SAM McINNIS ☐ Change ☒ Addition
STREET ADDRESS 446 CAPTAINS CIRCLE
CITY-ST-ZIP DESTIN, FL 32541

TITLE PD
NAME DUANE, KIEF ☐ Delete
STREET ADDRESS 1799 W HEWETT RD
CITY-ST-ZIP FREEPORT, FL 32439

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-04

880-654-9071