2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NA

IE OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Apr 25, 2005 8:00 am Secretary of State DOCUMENT # N97000002211 04-25-2005 90305 026 ****61.25 PHASE 4 OF DESTINY EAST OWNERS ASSOCIATION. INC. Principal Place of Business Mailing Address C/O SUNCOAST ASSOCIATION MANAGEMENT 50043625 3551 SCENIC HWY 98 12273 US HWY 98 SUITE 208 DESTIN, FL 32541 DESTIN, FL 32541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-3453238 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCOTT, WALTER D Street Address (P.O. Box Number is Not Acceptable) 12273 US HWY 98 **SUITE 208** DESTIN, FL 32541 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. VD VD TITLE TITLE Delete Sandra Barksdale MCINNIS, SAM NAME NAME 3296 Windmere Circle 446 CAPTAINS CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZIP memphis TN ☐ Addition PD ☐ Change TITLE ☐ Delete DUANE, KIEF NAME NAME STREET ADDRESS STREET ADDRESS 1799 W HEWETT RD CITY-ST-ZIP FREEPORT, FL 32439 CITY-ST-ZIE STD ☐ Change Addition TITLE ☐ Delete GILBERT, LARRY NAME NAME 12303 HUMMINGBIRD WAY STREET ADDRESS STREET ADDRESS GEORGETOWN, IN 47122 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP □ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED