


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-17-2006 90132 003 ****51.00
03-31-2006 90021 034 ****10.25

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 12273 U.S. Hwy 98 Suite, Apt. #, etc. 208		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip 32550	Country	Zip 32550	Country	4. FEI Number 59-3453238	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SCOTT, WALTER D 12273 US HWY 98 SUITE 208 DESTIN, FL 32541			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD DUANE, KIEF 1799 W HEWETT RD FREEPORT, FL 32439 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Duane Kief 1799 W. Hewitt Road Santa Rosa Beach, FL 32459 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GILBERT, LARRY 12303 HUMMINGBIRD WAY GEORGETOWN, IN 47122 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Larry Gilbert 12303 Hummingbird Way Georgetown, IN 47122 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARKSDALE, SANDRA 3296 WINDMERE CIRCLE MEMPHIS, TN 38125 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Gregg Kirby 2748 Swannier Lane Gulfbreeze, FL 32563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Diann E. Kirby</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/7/06 <small>Date Daytime Phone #</small>		

20023167



01092006 Chg-NP CR2E037 (11/05)



RECEIVED MAR 25 2006

ATTACHMENT
20023167

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2006

PHASE 4 OF DESTINY EAST OWNERS ASSOCIATION, INC.
C/O SUNCOAST ASSOCIATION MANAGEMENT
12273 US HWY 98 SUITE 208
MIRAMAR BEACH, FL 32550 US

Subject: **PHASE 4 OF DESTINY EAST OWNERS ASSOCIATION, INC.**

Reference Number: **N97000002211**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$51.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$10.25.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION