

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90054 042 \*\*\*\*61.25

DOCUMENT # N97000002211

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



Principal Place of Business  
12273 US HWY 98  
208  
MIRAMAR BEACH, FL 32550 US

Mailing Address  
C/O SUNCOAST ASSOCIATION MANAGEMENT  
12273 US HWY 98 SUITE 208  
MIRAMAR BEACH, FL 32550 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032008

Chg-NP

CR2E037 (12/06)

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

LEIRER, WALT  
12273 U.S. HWY 98  
SUITE 208  
DESTIN, FL 32550

Name Barry Lambert  
Street Address (P.O. Box Number is Not Acceptable)  
12273 US Hwy 98  
Suite 208  
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. 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, 2008**

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

TITLE ST ☐ Delete  
NAME CURTIS, DAN  
STREET ADDRESS 67 TRANQUILITY LANE  
CITY-ST-ZIP DESTIN, FL 32541

TITLE V ☒ Delete  
NAME GILBERT, LARRY  
STREET ADDRESS 12303 HUMMERBIRD WAY  
CITY-ST-ZIP SELLERSBURG, IN 47142

TITLE P ☐ Delete  
NAME KIRBY, GREGG  
STREET ADDRESS 2748 SUN RUNNER LANE  
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Vice President ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE Secretary/Treasurer ☐ Change ☒ Addition  
NAME John Sheehan  
STREET ADDRESS 4020 Bow St. NE  
CITY-ST-ZIP Cleveland, TN 37312

TITLE ☐ Change ☐ Addition  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-08

Date

Daytime Phone #