

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005334

FILED  
Apr 10, 2009  
Secretary of State

**Entity Name:** DESTIN HARBOR PLACE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

508 HIGHWAY 98 EAST  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

508 HARBOR BLVD  
DESTIN, FL 32541

**New Mailing Address:**

**FEI Number:** 59-3606550

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRAITHWAITE, DAVID MR  
508 HWY 98  
UNIT #202  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FELL, DEANNE  
Address: UNIT 302 508 HARBOR BLVD.  
City-St-Zip: DESTIN, FL 32541

Title: ST ( ) Delete  
Name: ROEHM, JOHN  
Address: P.O. OX 169  
City-St-Zip: DESTIN, FL 32541

Title: P ( ) Delete  
Name: BRAITHWAITE, DAVID  
Address: 508 HWY 98 EAST #202  
City-St-Zip: DESTIN, FL 32541

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: FELL, JEANNE  
Address: UNIT 302 508 HARBOR BLVD.  
City-St-Zip: DESTIN, FL 32541

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DP (X) Change ( ) Addition  
Name: BRAITHWAITE, DAVID  
Address: 508 HWY 98 EAST #202  
City-St-Zip: DESTIN, FL 32541

Title: DVP ( ) Change (X) Addition  
Name: ABBOTT, WILLIAM  
Address: 506 HARBOR BLVD.  
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT FOWNER

MGR

04/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date