FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000073875

1. Corporation Name

DESTIN CONDOS, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

101 MANTERO WAY DESTIN FL 32541

101 MANTERO WAY DESTIN FL 32541

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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May 04, 1999 8:00 am Secretary of State

05-04-1999 90010 046 ***150.00



DO NOT WRITE IN THIS SPACE								
3. Date Incorporated or Qualifed								
08/21/1998								
4. FEI Number	Applied For							
59-3533132	Not Applicable							
5. Certificate of Status Desired	\$8.75 Additional Fee Required							
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees							

32541 25 U S	Zip	Country	This corporation owes the curr Personal Property Tax.	ent year Intangible ☐ Yes ☐ No
9. Name and Address of Current R	<u>ı</u>		10. Name and Address of New F	Registered Agent
HARMAN, ANDREW H 10221 EMERALD COAST PARKWAY SUITE 12 DESTIN FL 32541			Andrew H. Harm ddress (P.O. Box Number is Not Accepted Crystal Beach te A-215	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505. Florida Statutes.

Country

agent. I ar	n familiar with, and accept the obligations of	Section 607.0505, Florid	a Statutes.		21	28.99	
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: R	egistered Agent signature re	quired when reinstating)	7·•	<u> そ8・77</u> =	
12.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President (P)	☐ DELETE	1.1 TITLE	V/T/S/D	\$	Change	Addition
NAME	Andrew H. Harman		1.2 NAME	Alice E.H	larman iage Ln.		
STREET ADDRESS	101 Manters Way		1.3 STREET ADDRESS	4319 Carr	iage Ln.		
CITY-ST-ZIP	Destin FL 34541		1.4 CITY-ST-ZIP	Destin, FL	32541		
TITLE		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE -		-	. Change	. Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP	,-W			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP.			6.4 CITY-ST-ZIP				

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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with any address, with all other like empowered.

SIGNATURE:

BEUILDED