

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90066 001 ***150.00

DOCUMENT # P98000073875

1. Entity Name
DESTIN CONDOS, INC.



Principal Place of Business
**852 HWY 98 EAST
STORE # 23
DESTIN FL 32541
US**

Mailing Address
**PO BOX 5326
DESTIN FL 32540**

2. Principal Place of Business
4315 CARRIAGE LANE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DESTIN, FL

City & State

4. FEI Number **59-3533132**

Applied For

Not Applicable

Zip
32541

Country
USA

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

**WAMPOLD, ALICE H
852 HWY 98 EAST
STORE # 23
DESTIN FL 32541**

Name **ALICE H WAMPOLD**

Street Address (P.O. Box Number is Not Acceptable)
4315 CARRIAGE LANE

City **DESTIN** **FL** Zip Code **32541**

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

04/17/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VTSD** ☐ Delete
NAME **HARMAN WAMPOLD, ALICE E**
STREET ADDRESS **4315 CARRIAGE LN**
CITY-ST-ZIP **DESTIN FL 32541**

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

TITLE **P** ☐ Delete
NAME **HARMAN, JOE H**
STREET ADDRESS **515 HIGHLAND OAKS DR.**
CITY-ST-ZIP **BATON ROUGE LA 70810**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 607, 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

04/17/03 **(850) 650-8685**

Date

Daytime Phone #

CR2E034 (10/02)