FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

758236

(4)

FILED May 08 1998 8:00am Secretary of State

HARBUR ARMS OWNERS ASSOCIATION, INC.								
Principal Plac	e of Business	Mailing Address				- E ABBIGH HANDL DITAN TORSON TING DITAR DITAR DESIGNATION	OM OTOLI GIBLI DI	IDIF DIDA JUUI
221 MCKENZIE AVE 221 MCKENZIE AVE PO BOX 70 PO BOX 70 PANAMA CITY FL 32401 PANAMA CITY FL 32401						Date Incorporated or Qualified 10/29/1981 FEI Number	Ar	oplied For
6 Principal C	dage of Duciness	On Mailing Address	•			58-1459928		ot Applicable
2. Principal Place of Business 2a. Mailing Address 26						6. Certificate of Status Desired	\$8.75 Fee Re	Additional equired
Suite, Apt. #, etc. 22 27						Election Campaign Financing Trust Fund Contribution	\$5.00 (Added to	
City & State City & State						7. Is this nonprofit corporation a homeowne.		
23	28					☐ Yes	□ No	
Zip			untry		8. This corporation owes or has paid the cu			
24	9. Name and Address of Currer	1 Registered Agent	30	1		Personal Property Tax due June 30. 10. Name and Address of New Registered		J No
<u> </u>	5. Name and Address of Curren	ii magioraran waanii		81	Name	10. Hallie and Addiese of their flegistates	- Agerin	
RUBRICE	IFR W							
BURKE, LES W. 221 MCKENZIE AVE				82	Street Address (P.O. Box Number is Not Acceptable)			
PANAMA CITY FL 32401				83				
				84	City		85 Zip	Code
					•	FL	. ``	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.								
agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE .			E			d when reinstating) DATE		
12.	Signature, typed or printed name of registered age	D DIRECTORS	13.	ed Agent	t signature required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	IS IN 12
TITLE	VD	DELETE		1.1 TITLE			☐ Change	Addition
NAME	Y OUNGPETE R, DONALD E		1.2 6	AME				li li
STREET ADDRESS	24 RICHARDSON STREET		1.3 \$	TREET A	DDRESS			li li
CITY-ST-ZIP	DALEVILLE AL		1.40	1.4 CITY - ST - ZIP				8
TITLE	PD DELETE 2:11		TLE			Change	Addition (
NAME	GIESLER, RAYMOND F		2.2 N		- 1			Į.
STREET ADDRESS	106 SERENADE LN				NOORESS			
CITY-ST-ZWP	PANAMA CITY BCH FL STD DELETE			2. 4 CITY-ST-ZIP 3.1 TITLE		-	Change	Addition
NAME .	5 54 4/51 14 46 1		MME		, , ,	C CHAING	ANDITION	
STREET ADDRESS	13125 N 75TH PL				DORESS			
CITY-ST-ZIP	SCOTTSDALE AZ			CITY-ST				
TITLE		DELETE	4.1 T				Change	Addition
NAME			4.21	NAME				-
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CITY-ST-ZIP				ΠY-ST-	- ZIP		F-1	
TITLE		☐ DELETE	5.1 1				☐ Change	☐ Addition
NAME				IAME				}
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 C	XTY • ST • TTLF	- 214		Change	Addition
NAME				IAME			and windings	
STREET ADDRESS					DORESS			
CITY-ST-ZIP				ITY-ST	l			}
	partify that the information complied u	ith this filing does not qualify				Section 119.07(3)(i), Florida Statutes. I further co	ertify that the	Information

4. 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 emogwared to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an agrices.

SIGNATURE:

Small E. Spengalonald B. Youngret

Vice President 4/29/98 850-233-4961