


**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90137 030 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 758236</b> 1. Corporation Name <b>HARBUR ARMS OWNERS ASSOCIATION, INC.</b>		
Principal Place of Business 221 MCKENZIE AVE PO BOX 70 PANAMA CITY FL 32401	Mailing Address 221 MCKENZIE AVE PO BOX 70 PANAMA CITY FL 32401	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/29/1981	4. FEI Number 58-1459928
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	Applied For Not Applicable	
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent  <b>BURKE, LES W.</b> <b>221 MCKENZIE AVE</b> <b>PANAMA CITY FL 32401</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD YOUNGPETER, DONALD E	1.1 TITLE	P/D Youngpeter, Donald
NAME	24 RICHARDSON STREET	1.2 NAME	24 Richardson Street
STREET ADDRESS	DALEVILLE AL	1.3 STREET ADDRESS	Daleville, AL
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	2.1 TITLE	V/D
TITLE	PD	2.2 NAME	Cato, Adrian
NAME	GIESLER, RAYMOND F	2.3 STREET ADDRESS	4001 NC86 North
STREET ADDRESS	108 SERENADE LN	2.4 CITY-ST-ZIP	Hillsborough, NC 27278
CITY-ST-ZIP	PANAMA CITY BCH FL	3.1 TITLE	S/T/D
	<input checked="" type="checkbox"/> DELETE	3.2 NAME	Hudson, Sue
TITLE	STD	3.3 STREET ADDRESS	P.O. Box 847
NAME	MUSULIN, LINDA	3.4 CITY-ST-ZIP	Troy, AL 36081
STREET ADDRESS	13125 N 75TH PL-	4.1 TITLE	
CITY-ST-ZIP	SCOTTSDALE AZ	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_ **4/30/99** **(850) 769-1414**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*D. Youngpeter*

CR2E037 (1/98)