

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90048 034 \*\*\*\*61.25

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**DOCUMENT # N00000003915**

1. Entity Name  
**GRAND HARBOR DESTIN CONDOMINIUM OWNERS ASSOCIATION, INC.**

Principal Place of Business <b>662 HIGHWAY 98 DESTIN FL 32541</b>	Mailing Address <b>662 HIGHWAY 98 DESTIN FL 32541</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3661745</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**GRIMSLEY, JAMES W**  
**25 WALTER MARTIN ROAD NE**  
**FORT WALTON BEACH FL 32548**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.  
 SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME <b>PD FREEMAN, PAUL R</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>662 HIGHWAY 98</b>	
CITY-ST-ZIP <b>DESTIN FL 32541</b>	
TITLE NAME <b>VPD THOMAS, E. CAROL</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>662 HIGHWAY 98</b>	
CITY-ST-ZIP <b>DESTIN FL 32541</b>	
TITLE NAME <b>STD MACLIN, HENRY</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>662 HIGHWAY 98</b>	
CITY-ST-ZIP <b>DESTIN FL 32541</b>	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME <b>VP DAVE DIXON</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>662 Highway 98E</b>	
CITY-ST-ZIP <b>DESTIN FL 32540</b>	
TITLE NAME <b>SECRETARY CAROL ANN DEBOLT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>662 Hwy 98E</b>	
CITY-ST-ZIP <b>DESTIN, FL 32541</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <b>TREASURER PAUL BANKO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>662 Hwy 98E</b>	
CITY-ST-ZIP <b>DESTIN FL 32541</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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 617, 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: *Paul Freeman* **SIGNATURE REQUIRED PAUL FREEMAN, PRES** 3-15-02 850 837-3521  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)