2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000003915

1. Entity Name



FILED Aug 04, 2005 8:00 am Secretary of State 08-04-2005 90005 021 ****61.25

	HARBOR DESTIN CONDO ATION, INC.	OMINIUM OWNERS							
Principal Place of Business 662 HIGHWAY 98 DESTIN, FL 32541		Mailing Address 662 HIGHWAY 98 DESTIN, FL 32541				วบบ	J JJ01		
		12.4.9							
2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address			ANITA MATIN MATIN ANI	ii Beii Sbieb	III is is is in since in the si	HEEL DE LUXI
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		06292005 _C	hg-NP	CR2E0	37 (10/03)	
City & Stat	е	City & State	City & State		4. FEI Number 59-366174	15			plied For at Applicable
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired		\$8.75 Add	ditional
	6. Name and Address of Currer	nt Registered Agent	Name		7. Name and Add	iress of New F	legistered	Agent	
RAY NEWMAN, BECKER & POLIAKOFF				!			,		
311 STIRL EMERALD	ING RD LAKE CORP. PARK		Street	Address (P.O. Box Number is	Not Acceptable	e)		
FORT LAU	JDERDALE, FL 33312								
		<u> </u>	City				Fl	Zip Cod	
	e named entity submits this statement tions of registered agent.	for the purpose of changing its r	egistered office	or register	ed agent, or both, in	the State of Flo	orida. I am	familiar with,	and accept
	n B	6/: 2							
SIGNATURE	11an 12.1	Vicke							
	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Agent sign	nature required	when reinstating)	, ,	DATE		
	Filing Fee is \$61.25	9. Election Cam	paign Financing)	\$5.00 May Be		lake chec	k payable t	
D	Filing Fee is \$61.25 ue by September 7, 2005	9. Election Cam Trust Fund Co	paign Financing ontribution.	, _□	\$5.00 May Be Added to Fees	Flo	lake chec rida Depa	rtment of S	tate
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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:	Man	B. Hicke
	SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #