


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
Aug 18, 2003 8:00 am  
Secretary of State

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**DOCUMENT # N00000003915**

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



08-18-2003 90174 037 \*\*\*\*61.25

Principal Place of Business  
**662 HIGHWAY 98  
DESTIN FL 32541**

Mailing Address  
**662 HIGHWAY 98  
DESTIN FL 32541**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

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 **Ray Newman, Becker Poliakoff**

Street Address (P.O. Box Number is Not Acceptable)  
**311 Stirling Rd**

**Emerald Lake Corp. Park**

City **Ft. Lauderdale** FL Zip Code **33312**

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 *X L.A. DeBolt* (NOTE: Registered Agent signature required when reinstating) DATE **8/13/03**

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FREEMAN, PAUL R 662 HIGHWAY 98 DESTIN FL 32541</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD DIXON, DAVE 662 HIGHWAY 98 E DESTIN FL 32541</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S DEBOLT, CAROL ANN 662 HWY 98 E DESTIN FL 32541</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BANKO, PAUL 662 HWY 98 E DESTIN FL 32541</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Maclin, Henry W. Jr. 662 Hwy 98 E # 750 Destin, Fl. 32541</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Moody, Horace 662 Hwy 98 E # 120 Destin, Fl. 32541</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *X L.A. DeBolt* SIGNATURE REQUIRED *L.A. DeBolt* 850 650 6565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)