

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004742

1. Entity Name

HARBOR BREEZE PLAZA OWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

975 AIRPORT RD  
DESTIN FL 32541

985 AIRPORT RD

975 AIRPORT RD  
DESTIN FL 32541

985 AIRPORT RD

FILED

02 JAN 14 AM 10:44

CLERK OF STATE  
SEAL OFFICE OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-0937245

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Stuart Houston

Street Address (P.O. Box Number is Not Acceptable)

983 Airport Road

City

Dosha

FL

Zip Code

32541

HAUGHT, BRUCE A  
38488 EMERALD COAST PKWY, STE 2101  
DESTIN FL 32541

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

9/10/01

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	KELLUM, H. PAUL	975 AIRPORT RD	DESTIN FL 32541	<input type="checkbox"/>
DST	FOX, LARRY	975 AIRPORT RD	DESTIN FL 32541	<input type="checkbox"/>
D	KELLUM, TIM	975 AIRPORT RD	DESTIN FL 32541	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FEI # 62-0937245

CR2E037 (5/01)