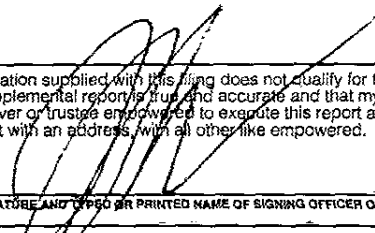


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N20325 1. Entity Name HARBOURTOWN SHOPPING VILLAGE OF FORT WALTON BEACH OFFICEOWNERS AND STOREOWNERS ASSOCIATION, INC.			
Principal Place of Business POST OFFICE BOX 1735 DESTIN, FL 32540		Mailing Address POST OFFICE BOX 1735 DESTIN, FL 32540	
DO NOT WRITE IN THIS SPACE		 04222004 No Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent ODOM, JAY 4625 GULF STARR DR DESTIN, FL 32541		DO NOT WRITE IN THIS SPACE	
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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U000000145463 05/03/04-80026-006 111.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ODOM, JAY 4652 GULF STARR DR DESTIN, FL 32541	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEY, CINDY J 182 S SHORE DR DESTIN, FL 32541		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODOM, HAYLEY C 4652 GULF STARR DR DESTIN, FL 32541		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		
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 reports 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: 		Date: 4/28/04 Daytime Phone: 850-684-4126	