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	Mailing Address
POST OFFICE BOX 1735 DESTIN, FL 32540	POST OFFICE BOX 1735 DESTIN, FL 32540

DO NOT WRITE IN THIS SPACE

04222004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2855558
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ODOM, JAY
4625 GULF STARR DR
DESTIN, FL 32541

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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

U00000145463
05/03/04-80026-006 111.25

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	ODOM, JAY
STREET ADDRESS	4652 GULF STARR DR
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	D
NAME	LEY, CINDY J
STREET ADDRESS	182 S SHORE DR
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	D
NAME	ODOM, HAYLEY C
STREET ADDRESS	4652 GULF STARR DR
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/28/04 850-684-4126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #