# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 08, 2005 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<br>DESTIN, FL 32540 | POST OFFICE BOX 1735<br>DESTIN, FL 32540 |

01182005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2005**

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

U00000220780
02/09/05-80005-001 111.25

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 | |

**DO NOT WRITE IN THIS SPACE**

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:** JAY A. Odom 2/3/05 850 654 4126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #