

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45174

1. Entity Name

HARBOR HOUSE OF DESTIN OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 384
DESTIN FL 32540

P.O. BOX 384
DESTIN FL 32540

2. Principal Place of Business

3. Mailing Address

P.O. Box 2259

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Walton Beach, FL

Zip

Country

Zip

Country

32549

USA

4. FEI Number

59-3168377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Thomas J. Risalvato, CPA

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

348 SW Miracle Strip Pkwy #34

City

Ft. Walton Beach

FL

Zip Code

32548

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

Thomas J. Risalvato

4-22-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME JOHN E BECK JR ☐ Delete
STREET ADDRESS 654 HWY. 98 EAST, UNIT 5
CITY-ST-ZIP DESTIN FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME KIM A BECK ☐ Delete
STREET ADDRESS 654 HWY 98 UNIT 1
CITY-ST-ZIP DESTIN FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME LINDA MCCLUSKEY ☐ Delete
STREET ADDRESS 654 HWY 98 UNIT 2
CITY-ST-ZIP DESTIN FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

5/10/02 228-762-3325

CR2E037 (9/01)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91616 038 ****61.25



DO NOT WRITE IN THIS SPACE