
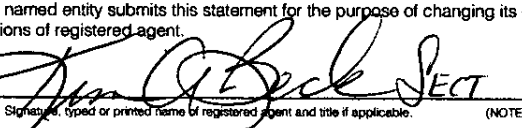
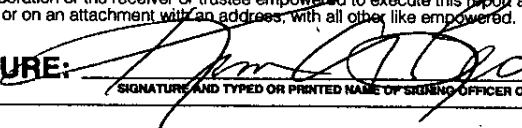


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90050 004 ****61.25

DOCUMENT # N45174 1. Entity Name HARBOR HOUSE OF DESTIN OWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 384 DESTIN, FL 32540			Mailing Address P.O. BOX 2259 FT. WALTON BCH, FL 32549		
2. Principal Place of Business 654 Hwy 98 E Suite, Apt. #, etc.		3. Mailing Address 2302 Denny Ave Suite, Apt. #, etc.			
City & State Destin, FL Zip 32541 Country US		City & State PASCAGOULA MS Zip 39567 Country US		4. FEI Number 59-3168377	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent RISALVATO, THOMAS J CPA 348 SW MIRACLE STRIP PKWY #34 FORT WALTON BEACH, FL 32548					
7. Name and Address of New Registered Agent Name Kim A Beck Street Address (P.O. Box Number is Not Acceptable) 654 Hwy 98 E Apt 5 City DESTIN FL Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Kim A Beck 3/17/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHN E BECK JR <input type="checkbox"/> Delete 654 HWY. 98 EAST, UNIT 5 DESTIN, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIM A BECK <input type="checkbox"/> Delete 654 HWY 98 UNIT 1 DESTIN, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete LINDA MCCLUSKEY 654 HWY 98 UNIT 2 DESTIN, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Addition JANA M LUKEY 3700 N. 6th ST OCEAN SPRINGS, MS. 39564				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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:  Kim A Beck 3/17/04 800 898-0987 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

94033498



02262004 Chg-NP CR2E037 (10/03)