


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90017 016 ****61.25

DOCUMENT # N50544	
1. Entity Name DESTIN RENAISSANCE PHASE I OWNERS ASSOCIATION, INC.	

Principal Place of Business 220 HIGHWAY 98 EAST DESTIN FL 32541	Mailing Address 220 HIGHWAY 98 EAST DESTIN FL 32541
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2. Principal Place of Business	3. Mailing Address 662 Hwy 98E, Unit 440
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Destin, FL
Zip	Zip 32541
Country	Country USA



MOORE CR2E037 (11/03)

4. FEI Number 59-3366368	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ZABEZ, KENNETH R 220 HWY 98 EAST DESTIN FL 32541	7. Name and Address of New Registered Agent Name ZABEL Kenneth Street Address (P.O. Box Number is Not Acceptable) 662 Hwy 98E, Unit 440 City Destin, FL 32541 State FL Zip Code 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 Betty J. Zabel Betty J. ZABEL TD 2-5-04
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 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD <input type="checkbox"/> Delete	NAME ZABEZ, KENNETH	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME ZABEL Kenneth
STREET ADDRESS 220 HWY. 98 EAST	CITY-ST-ZIP DESTIN FL 32541	STREET ADDRESS 662 Hwy 98E, Unit 440	CITY-ST-ZIP Destin, FL 32541
TITLE TD <input type="checkbox"/> Delete	NAME ZABEL, BETTY J.	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 662 Hwy 98E, Unit 440
STREET ADDRESS 220 HWY. 98 EAST	CITY-ST-ZIP DESTIN FL 32541	STREET ADDRESS Destin, FL 32541	CITY-ST-ZIP
TITLE SD <input checked="" type="checkbox"/> Delete	NAME NORTON, HUGH	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 102 S. W. BEAL PKWY	CITY-ST-ZIP FT. WALTON BEACH FL 32548	STREET ADDRESS	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME SONG, KYONG CHA	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 230 HWY. 98 E.	CITY-ST-ZIP DESTIN FL 32541	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	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: Betty J. ZABEL Betty J. Zabel TD 2-5-04 850-8372619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #