2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 15, 2003 8:00 am Secretary of State DOCUMENT # N50544 03-28-2003 90061 033 ****61.25 1. Entity Name DESTIN RENAISSANCE PHASE I OWNERS ASSOCIATION, I Principal Place of Business Mailing Address 220 HIGHWAY 98 EAST 220 HIGHWAY 98 EAST DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-3366368 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZABEZ KENNETH R Street Address (P.O. Box Number is Not Acceptable) 220 HWY 98 EAST DESTIN FL 32541 City Zip Code 6. 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 ed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Addition TITLE ☐ Delete Change ZABEZ, KENNETH NAME NAME HWY 98 EAST 238 HWY. 98 EAST STREET ADDRESS STREET ADDRESS DESTIN FL 32541 CITY-ST-71P CITY-ST-7IP

Addition W TITLE ☐ Deleta TITLE ZABEL, BETTY J. NAME NAME HWY GREAST 238 HWY 98 EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP SD Addition Delete __ Change __ TITLE TITLE NORTON, HUGH D NAME NAME STREET ADDRESS 102 S. W. BEAL PKWY STREET ADDRESS CITY-ST-ZIP FT. WALTON BEACH FL 32548 GITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 cath: 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 AND TYPES OF PRINTED MANE OF DEALING OFFICER OR DIRECTOR SIGNATURE:

FILED