2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # N97000006832** 04-29-2004 90338 044 ****61.25 RESORT RV PARK OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 109 W BRADLEY STREET 109 W BRADLEY STREET #32 #32 DESTIN, FL 32550 DESTIN, FL 32550 Principal Place of Business 3. Mailing Address 108, 109 W. BRADLEY Suite, Apt. #, etc. Suite, Apt. #, etc. 03152004 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-3508600 Applied For DESTIN Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П USA Fee Required 6. Name and Address of Current Registered Agent __7._Name and Address of New Registered Agent ___ MUGHN ANDERSEN, ROGER D 108 BRADLEY STREET #4 DESTIN, FL 32550 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. AUCHN Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Due by May 1, 2004 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE Delete ANDERSEN, ROGER D NAME MIL WHOUAY NAME STREET ADDRESS 108 W BRADLEY STREET #4 STREET ADDRESS 108 W BRADLEY 57 #19 DESTIN FL 32550 CITY-ST-ZIP DESTIN, FL 32550 CITY-ST-ZIP VΩ TITLE M Delete ☐ Change X Addition TITLE JOHNSON, JAMES 108W. BRADLEY ST. T DESTIN FL 32550 FELDER, RANDY STREET ADDRESS 108 W BRADLEY STREET #14 STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32550 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME GRAVOIS, WARREN NAME STREET ADDRESS 108 W BRADLEY STREET #1 STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32550 CITY-ST-ZIP TITLE TD Delete TITLE ☐ Change Addition STEPHENS, CLINTON T NAME NAME STREET ADDRESS 109 W BRADLEY STREET #19 STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32550 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 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), Fiorida 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.

FILED