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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90132 039 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000003281					
1. Corporation Name DESTIN HARBOR PARTNERSHIP, INC.					
Principal Place of Business 1077 HWY 98 DESTIN FL 32541			Mailing Address P O BOX 1395 DESTIN FL 32540		



2. Principal Place of Business 21		2a. Mailing Address 26 630 Grand Blvd.		3. Date Incorporated or Qualified 06/08/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 Suite 100		4. FEI Number 59-357-1374	
City & State 23		City & State 28 Destin, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29 32541		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30 USA			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PELHAM, THOMAS G 909 E PARK AVE TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P/D Keith Howard
STREET ADDRESS		1.3 STREET ADDRESS	630 Grand Blvd., Suite 100
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Destin, FL 32541
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	VP/D Sam Blimling
STREET ADDRESS		2.3 STREET ADDRESS	1077 Highway 98
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Destin, FL 32541
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	S/T/D Steve Bennett
STREET ADDRESS		3.3 STREET ADDRESS	17 Meigs Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Shalimar, FL 32579
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D Dale Peterson
STREET ADDRESS		4.3 STREET ADDRESS	321 Highway 98
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Destin, FL 32541
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D Tom Moody
STREET ADDRESS		5.3 STREET ADDRESS	194 Highway 98
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Destin, FL 32541
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D Olin Marler
STREET ADDRESS		6.3 STREET ADDRESS	513 Main Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Destin, FL 32541

14. 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 annual report or supplemental annual 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 12 or Block 13 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 #

CR2E037 (11/98)

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532421 9013239

13. (cont.) Additions/Changes to Officers and Directors

7.1 Title **D** ☐ Change ☒ Addition
7.2 Name **Delys Dearmon**
7.3 Street Address **151 Regions Way, Suite 1A**
7.4 City-State-Zip **Destin, FL 32541**

7.1 Title **D** ☐ Change ☒ Addition
7.2 Name **Rod Wright**
7.3 Street Address **102 Highway 98**
7.4 City-State-Zip **Destin, FL 32541**

7.1 Title ☐ Change ☐ Addition
7.2 Name
7.3 Street Address
7.4 City-State-Zip