

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90037 008 ***150.00

DOCUMENT # P98000053819

1. Entity Name
**RESORT PROPERTY MANAGEMENT COMPANY OF
DESTIN, INC.**



Principal Place of Business
**SILVER SHELLS BCH RESORT
15000 EMERALD COAST PKWY
DESTIN, FL 32541**

Mailing Address
**RESORT PROPERTY MANAGEMENT
15000 EMERALD COAST PKWY
DESTIN, FL 32541**

54013543



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3528247

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NAPLES-LAWDOCK, INC.
401 TAMiami TRAIL NORTH, SUITE 300
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature; typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BECNEL, DAMON
15000 EMERALD COAST PKWY
DESTIN, FL 32541**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFOT
OLSON, RODNEY
15000 EMERALD COAST PARKWAY
DESTIN, FL 32541**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 607, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #