

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746755

1. Entity Name

FORT WALTON BEACH GULF WINDS CONDOMINIUM ASSOCIA

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90092 032 ****61.25

Principal Place of Business

Mailing Address

307 BARRACUDA AVENUE
P.O. BOX 4583
FT WALTON BEACH FL 32549

307 BARRACUDA AVENUE
P.O. BOX 4583
FT WALTON BEACH FL 32549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2384021

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIM, DARLEEN M.
2801 JERRY PATE COURT
SHALIMAR FL 32579

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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 \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME GRIM, DARLEEN M.
STREET ADDRESS 2801 JERRY PATE COURT
CITY-ST-ZIP SHALIMAR FL 32579

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME GRIM, HARRY J.
STREET ADDRESS 2801 JERRY PATE COURT
CITY-ST-ZIP SHALIMAR FL 32579

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME MURPHEY, CORI R.
STREET ADDRESS 620 WALTON WAY
CITY-ST-ZIP DESTIN FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ENSLEY, ERIC
STREET ADDRESS #9, 307 Barracuda Avenue
CITY-ST-ZIP Fort Walton Beach, FL 32548

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME Chance, Glenn
STREET ADDRESS 108 Tubbs Lane
CITY-ST-ZIP Freeport, FL 32439

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)