

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746755

1. Entity Name

FORT WALTON BEACH GULF WINDS CONDOMINIUM ASSOCIA

Principal Place of Business

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

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number 59-2384021

Applied For
Not Applicable

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

Darleen M. Grim PD

Darleen M. Grim

9/6/01

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 12, 2001, 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
NAME GRIM, DARLEEN M.
STREET ADDRESS 2801 JERRY PATE COURT
CITY-ST-ZIP SHALIMAR FL 32579 ☐ Delete

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR
NAME ERIC ENSLEY
STREET ADDRESS 307 BARRACUDA AVE. #9
CITY-ST-ZIP FORT WALTON BEACH FLORIDA 32548 ☐ Change ☒ Addition

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: *Darleen M. Grim* PD *Darleen M. Grim* 850 244-6114

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90030 012 ****61.25



DO NOT WRITE IN THIS SPACE

CR29037 (5/01)