

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749520

1. Entity Name

SUNTIDE OF FORT WALTON BEACH OWNER'S ASSOCIATION

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

09-12-2001 90022 002 \*\*\*\*61.25

Principal Place of Business

210 ANGELFISH AVE.  
P. O. BOX 882  
FORT WALTON BEACH FL 32549  
US

Mailing Address

210 ANGELFISH AVENUE  
P. O. BOX 882  
FORT WALTON BEACH FL 32549  
US

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

59-2384020

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 CT  
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

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, HARRY J  
STREET ADDRESS 2801 JERRY PATE CT  
CITY-ST-ZIP SHALIMAR FL 32579 ☐ Delete

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

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

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

TITLE D  
NAME GRIM, DEREK H.  
STREET ADDRESS 2801 JERRY PATE CT  
CITY-ST-ZIP SHALIMAR FL 32579 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

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

Seelma A 850-244-6004

CR2E037 (5/01)