

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90408 025 ****61.25

DOCUMENT # 749520

1. Entity Name

**SUNTIDE OF FORT WALTON BEACH OWNER'S ASSOCIATION
, INC.**

Principal Place of Business

Mailing Address

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

**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

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

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	<input type="checkbox"/> Delete
NAME	GRIM, HARRY J	
STREET ADDRESS	2801 JERRY PATE CT	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GRIM, DARLEEN M	
STREET ADDRESS	2801 JERRY PATE CT	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIM, DEREK H.	
STREET ADDRESS	2801 JERRY PATE CT	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/02 850
244-6114

CR2E037 (9/01)