

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 2: 14

DOCUMENT # 754762 (3)

1. Corporation Name

SEA PALM OF FWB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

300 MIRACLE STRIP PARKWAY S.W.
FT. WALTON BEACH FL 32548

300 MIRACLE STRIP PARKWAY S.W.
FT. WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1980

3a. Date of Last Report

03/15/1994

4. FEI Number

59-2157750

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETERSEN, NICKOLAS G.
12 FERRY ROAD
P.O. BOX 873
SHALIMAR FL 32579

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Duncan B. Black

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

1-30-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BUSCARELLO, V.
STREET ADDRESS 300 MIRACLE STRIP PARKWAY, #1E
CITY - ST - ZIP FT WALTON BCH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

D
NUBY, D.
300 MIRACLE STRIP PARKWAY #4D
FT WALTON BCH, FL 32548
☒ Change ☐ Addition

TITLE V
NAME HINE, VIRGINIA
STREET ADDRESS 300 MIRACLE STRIP PKWY 5F
CITY - ST - ZIP FT WALTON BCH, FL 00000

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

D
☒ Change ☐ Addition

TITLE D
NAME BUONO, SUZANNE
STREET ADDRESS 300 MIRACLE STRIP PKWY 5H
CITY - ST - ZIP FT WALTON BCH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

VP
MUNN, R
300 MIRACLE STRIP PARKWAY #5B
FT WALTON BCH, FL 32548
☒ Change ☐ Addition

TITLE P
NAME BLACK, DUNCAN JR.
STREET ADDRESS 141 ELYSIAN WAY NW
CITY - ST - ZIP ATLANTA GA

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

300 MIRACLE STRIP PARKWAY #4C
FT WALTON BCH, FL 32548
☒ Change ☐ Addition

TITLE D
NAME BARRANCO, BEN
STREET ADDRESS 300 MIRACLE STRIP PKWY 1D
CITY - ST - ZIP FT WALTON BCH FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes; I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Duncan B. Black
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-95
Date

Daytime Phone #