## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 754762

(3)

SEA PALM OF FWB CONDOMINIUM ASSOCIATION, INC.

Principal Place	of Business	Mailing Address	Mailing Address			( 800 tal 1800 a allik didik 1000 Stato aldik didik didik didik dibik dibik dibik dibik dibik			
	STRIP PARKWAY S.W.		300 MIRACLE STRIP PARKWAY S.W. FT. WALTON BEACH FL 32548						
FT. WALTON	BEACH FL 32548	F1. WALTON B	EACH FL 32548			3. Date incorporated or Qualified 10/22/1980	3a. Date of	Last R 20/19	
2. Principal Pla	ace of Business	2a. Mailing Addre	SS S			4. FEI Number	1 00,		oplied For
21	See C. Edonicos	26				59-2157750		<del></del>	ot Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #,	etc		· · · · · · · · · · · · · · · · · · ·	t. On tissue of Out to During	_ S	<del></del>	Additional
22		27				5. Certificate of Status Desired		Fee R	equired
City & State		City & State				6. Election Campaign Financing	_ (	5.00	May Be
23		28				Trust Fund Contribution	n ,	Added	to Fees
Zip	Country	Ζιρ	<del></del>	Country		8. This corporation has liability for in	. •	der s. 1	199.032
24	25	29	30				Yes No		
·	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Re	gistered Age	nt	
				"	Name				
PETERSEN, NICKOLAS G.				82	Street A	ddress (P.O. Box Number is Not Acceptable	3)		
	RY ROAD			83					
P.O. BO				63					
SHALIM	AR FL 32579			84	City		F. 8	5 Zip	Code
		0 10111100 Ft. 11				1 - 2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	FL [		sinharad affice
or register	o the provisions of Sections 617.050 ed agent, or both, in the State of Flo th, and accept the obligations of, Sec	rida. Such change was a	authorized by th	e corp	oration's b	poration submits this statement for the purp poard of directors. I hereby accept the appo	intment as regi	stered a	agent. Lam
SIGNATURE _									
12.	Signature, typed or printed name of registered age OFFICERS At	nt and little it applicable. ND DIRECTORS		елед Адек 1 <b>3</b> .	it signature roc	jurned when reinstating) ADDITIONS/CHANGES TO OFFI	DATE DERS AND DIE	E C I OF	RS IN 12
TITLE	D	□DELI		1 TITLE		D	<b>□</b> 0		Addition
NAME	NUBY, D			2 NAME	1	STEWART WILLIAM			-
STREET ADDRESS	300 MIRACLE STRIP PARKY	NAY #4D			ADDRESS	BOOMIRACLE STRIPP	PACHAR	#5	G
CITY - ST - ZIP	FT WALTON BCH FL	INI WAD		.4 C(TY - 5	ST. 7IP	STEWART, WILLIAM BOOMIRACLE STRIPPA PT WALTON BCHIF	3254	8	
TITLE	D	<b>X</b> DEL		1 TITLE	· · · · · · · · · · · · · · · · · · ·	PRIACE DUNCAN TO	<b>X</b> C	nange	Addition
NAME	HINE, VIRGINIA	•		2 NAME		BLACK, DUNCAN JR 300 MIRACLE STRIP FT. WALTON BCH.,	DAPPIN	التم	4-C
STREET ADDRESS	300 MIRACLE STRIP PKWY	5E			ADDRESS	300 MIRACUE STRIP	E1 329	48	• -
CITY-ST-ZIP	FT WALTON BCH, FL 0000			4 CITY -		FI. WALLON BOARS		, , -	
THILE	VP	DEL		1 TITLE			C	hange	Addition
NAME	MUNN, R			2 NAME	}				
STREET ADDRESS	300 MIRACLE STRIP PKWY	5H	3	3 STREET	ADDRESS				
CITY - ST - ZIP	FT WALTON BCH FL	•		4 CITY					
TILE	P	DEL	ÉTE 4	.1 TITLE				hange	☐ Addition
NAME	BLACK, DUNCAN JR.	-	4	2 NAME	Ì				
STREET ADDRESS	300 MIRACLE STRIP PARK	WAY #4C	4	3 STREE	T ADDRESS				
CITY - ST - ZIP	FT WALTON BCH FL		4	4 CITY-:	ST - ZIP				
TITLE	D	DEL	FTE 5	1 TITLE			□ c	hange	Addition
NAME	BARRANCO, BEN		5	2 NAMÉ					
STREET ADDRESS	300 MIRACLE STRIP PKWY	1D	5	3 STREF	T ADDRESS				
CITY - ST - ZIP	FT WALTON BCH FL			4 CITY -:	ST-ZIP				
TITLE		☐ DEL	ETE 8	1 TITLE	i			hange	Addition
NAME			6	2 NAME					
STREET ADDRESS			6	3 STREE	T ADDRESS				
CITY-ST-ZIP			6	4 CITY-	ST-ZIP				
,							2740141 Ft 11	A	

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 119.07(3)(ki). 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:

SIGNATURE ON TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-91-96 904 244-8469