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Feb 17 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 32548-5201

3. Date Incorporated or Qualified 10/22/1980 3a. Date of Last Report 01/26/1996  
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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Country  
24 25 29 30

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  
SHALMAR FL 32579

81 Name Benjamin Barranco  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 300 Miracle Strip Pkwy #1D  
84 City Ft. Walton Beach FL 85 Zip Code 32548

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Benjamin Barranco* (NOTE: Registered Agent signature required when reinstating) DATE Feb 11, 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS NUBY, D  
CITY-ST-ZIP 300 MIRACLE STRIP PARKWAY #4D  
FT WALTON BCH FL  
TITLE ☐ DELETE  
NAME P  
STREET ADDRESS STEWART, WILLIAM D  
CITY-ST-ZIP 300 STRIP PKWY #5G  
FT. WALTON BEACH FL  
TITLE ☐ DELETE  
NAME VP  
STREET ADDRESS MUNN, R  
CITY-ST-ZIP 300 MIRACLE STRIP PKWY 5H  
FT WALTON BCH FL  
TITLE ☐ DELETE  
NAME D  
STREET ADDRESS BLACK JR, DUNCAN  
CITY-ST-ZIP 300 MIRACLE STRIP PARKWAY 4-C  
FT. WALTON BEACH FL  
TITLE ☐ DELETE  
NAME D  
STREET ADDRESS BARRANCO, BEN  
CITY-ST-ZIP 300 MIRACLE STRIP PKWY 1D  
FT WALTON BCH FL  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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: *BENJAMIN C. BARRANCO* SIGNATURE REQUIRED *Benjamin Barranco* DATE Feb 27, 1997

CR2E037 (9/96)