

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
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



3. Date Incorporated or Qualified

10/22/1980

4. FEI Number

59-2157750

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENJAMIN BARRANCO  
12 FERRY ROAD  
300 MIRACLE STRIP PKWY #1D  
FT. WALTON BCH FL 32548

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME NUBY, D  
STREET ADDRESS 300 MIRACLE STRIP PARKWAY #4D  
CITY-ST-ZIP FT WALTON BCH FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE P  
NAME STEWART, WILLIAM D  
STREET ADDRESS 300 STRIP PKWY #5G  
CITY-ST-ZIP FT. WALTON BEACH FL

☐ DELETE

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

☒ Change ☐ Addition

TITLE VP  
NAME MUNN, R  
STREET ADDRESS 300 MIRACLE STRIP PKWY 5H  
CITY-ST-ZIP FT WALTON BCH FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE D  
NAME BLACK JR, DUNCAN  
STREET ADDRESS 300 MIRACLE STRIP PARKWAY 4-C  
CITY-ST-ZIP FT. WALTON BEACH FL

☐ DELETE

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

☒ Change ☐ Addition

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

☐ DELETE

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

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

14. 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 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:

*Ben C. Barranco*

2-4-98

850 862-7157

CR2E037 (10/97)