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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754762

1. Corporation Name

SEA PALM OF FWB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/22/1980

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

9. Name and Address of Current Registered Agent

BENJAMIN BARRANCO
~~42 FERRY ROAD~~
300 MIRACLE STRIP PKWY #1D
FT. WALTON BCH FL 32548

10. Name and Address of New Registered Agent

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

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

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

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

BENJAMIN BARRANCO

1-15-99 (850) 664-6786

Date

Daytime Phone #

CR2E037 (1/98)