

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 754762**

1. Entity Name

**SEA PALM OF FWB CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**May 21, 2000 8:00 am**  
**Secretary of State**

05-21-2000 90007 003 \*\*\*\*61.25

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 32548-5201
--	---

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
--	--



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2157750</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>BENJAMIN BARRANCO</b> <b>12 FERRY ROAD</b> <b>300 MIRACLE STRIP PKWY #1D</b> <b>FT. WALTON BCH FL 32548</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
--	--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUBY, D <input checked="" type="checkbox"/> Delete 300 MIRACLE STRIP PARKWAY #4D FT WALTON BCH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURRIS, ETHELLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 300 MIRACLE STRIP PKW #1F FT. WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, WILLIAM D <input type="checkbox"/> Delete 300 MIRACLE STRIP. PKWY. #5G FT. WALTON BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUNN, R <input type="checkbox"/> Delete 300 MIRACLE STRIP PKWY 5H FT WALTON BCH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUNN, RAY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 MIRACLE STRIP PKWY 5H FT. WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLACK JR, DUNCAN <input checked="" type="checkbox"/> Delete 300 MIRACLE STRIP PARKWAY 4-C FT. WALTON BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIMBELL, CHANCE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 106 METHODIST AVE. S.E. FT. WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARRANCO, BEN <input type="checkbox"/> Delete 300 MIRACLE STRIP PKWY 1D FT WALTON BCH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED BARRANCO 4-28-00 850-650-4202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)