

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90045 031 \*\*\*\*61.25

**DOCUMENT # 754762**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2157750**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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  
 After September 12, 2001, min. will be \$236.25**

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 **D** ☒ Delete  
 NAME **BURRIS, ETHELLE**  
 STREET ADDRESS **300 MIRACLE STRIP PKW 1F**  
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **Board member** ☐ Change ☒ Addition  
 NAME **Kathleen Keefe**  
 STREET ADDRESS **300 Miracle Strip Pkwy 2C**  
 CITY-ST-ZIP **Fort Walton Beach, FL 32548**

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

TITLE **Vice-President** ☐ Change ☒ Addition  
 NAME **Emil Pagliari**  
 STREET ADDRESS **300 Miracle Strip Pkwy 2B**  
 CITY-ST-ZIP **Fort Walton Beach, FL 32548**

TITLE **VP** ☐ Delete  
 NAME **MUNN, RAY**  
 STREET ADDRESS **300 MIRACLE STRIP PKWY 5H**  
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **President** ☒ Change ☐ Addition  
 NAME **Ray Munn**  
 STREET ADDRESS **300 Miracle Strip Pkwy 5H**  
 CITY-ST-ZIP **Fort Walton Beach, FL 32548**

TITLE **D** ☐ Delete  
 NAME **KIMBELL, CHANCE**  
 STREET ADDRESS **106 METHODIST AVE. SE**  
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

**RENEWAL FEE REQUIRED**

**fl 132001 850441286**

CR2E037 (5/01)

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300 MIRACLE STRIP PKWY #1D  
FT. WALTON BCH FL 32548

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Make Check Payable to  
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURRIS, ETHELLE 300 MIRACLE STRIP PKW 1F FORT WALTON BEACH FL 32548	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, WILLIAM D 300 MIRACLE STRIP-PKWY. #5G FT. WALTON BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUNN, RAY 300 MIRACLE STRIP PKWY 5H FORT WALTON BEACH FL 32548	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIMBELL, CHANCE 106 METHODIST AVE. SE FORT WALTON BEACH FL 32548	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARRANCO, BEN 300 MIRACLE STRIP PKWY 1D FT WALTON BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Boardmember Kathleen Keefe-Wilson 300 Miracle Strip Pkw 2C Fort Walton Beach, FL 32548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Emil Pagliari 300 Miracle Strip Pkw 2B Fort Walton Beach, FL 32548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ray Munn 300 Miracle Strip Pkw 5H Fort Walton Beach, FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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SIGNATURE

SIGNATURE REQUIRED

Attachment

10037

DO NOT WRITE IN THIS SPACE



Attachment 10037  
Doc. # 754762  
CARR • RIGGS & INGRAM, LLP

CERTIFIED PUBLIC ACCOUNTANTS  
BUSINESS CONSULTANTS

A Limited Liability Partnership

WILLIAM H. CARR, CPA  
STEPHEN C. RIGGS, CPA  
PHYLLIS S. INGRAM, CPA  
MELANIE L. AMMONS, CPA  
TRACY T. CONERLY, CPA  
TIMOTHY D. FULMER, CPA  
HILTON C. GALLOWAY, CPA  
GLENN W. GILLYARD, CPA  
LISA R. GOOLSBY, CPA  
MARIE W. HARRISON, CPA  
D. TIMOTHY HERNDON, CPA  
DAVID W. JOHNSON, CPA  
J. MICHAEL MADDOX, CPA  
LILLIAN G. MARTIN, CPA  
RICHARD A. MCKINNEY, CPA  
DOUGLAS L. MIMS, CPA  
DEANNA L. MULDOWNNEY, CPA  
BRUCE A. NUNNALLY, CPA  
THOMAS J. RISALVATO, CPA  
MICHAEL A. SCOTT, CPA  
ASHLEY H. STAFFORD, CPA  
PAUL W. STOREY, CPA  
WILLIS A. TEEL, JR., CPA  
JAMES F. THIELEN, CPA

July 16, 2001

Division of Corporations  
UBR Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please be advised that this office has already filed the UBR 2001 for this year and enclosed check # 3723 dated April 4, 2001 for \$61.25 and the check has already cleared our bank. I have enclosed a copy of the original UBR that our office mailed to you April 4, 2001 and I have also completed the new UBR that you sent to our client.

Please check your records for the fee that we have already paid.

Sincerely,

Cindy Hallmark  
Administrative Assistant

CH

FORT WALTON BEACH  
348 SW MIRACLE STRIP  
PARKWAY, SUITE 34  
FORT WALTON BEACH  
FLORIDA 32548  
(850) 244-8395  
FAX (850) 243-5024

OFFICES IN:

DESTIN, FL  
DOTHAN, AL  
ENTERPRISE, AL  
GENEVA, AL  
MONTGOMERY, AL  
NICEVILLE, FL  
PANAMA CITY, FL  
TALLAHASSEE, FL

Members

American Institute of  
Certified Public Accountants  
Florida Institute of  
Certified Public Accountants  
Alabama Society of  
Certified Public Accountants  
Division of CPA Firms  
SEC Practice Section

**BDO**  
**SEIDMAN**  
**ALLIANCE**

AN INDEPENDENT MEMBER