2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 14, 2005 8:00 am
Secretary of State
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01162005 Chg-NP CR2E037 (10/03)

DOCUMENT # 754762

1. Entity 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

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

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

7. Name and Address of New Registered Agent

Name

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

City **FL** 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILSON, KATHLEEN K 300 MIRACLE STRIP PKWY 2C FORT WALTON BEACH, FL 32548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Webb, Nikki 307 Racetrack Rd Ft. Walton Beach, FL 32547	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FULLINGTON, TODD 300 MIRACLE STRIP PKWY 2F FORT WALTON BEACH, FL 32548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM MATTSON, GERALDINE 1901 MELROSE MADISON, WI 53704	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM Schism, Doris 141-Elysian Way-N.W. Atlanta, GA 30327	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM GILLERAND, MIKE 300 MIRACLE STRIP PKWY 2B FORT WALTON BEACH, FL 32548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BARRANCO, BEN 300 MIRACLE STRIP PKWY 1D FT WALTON BCH, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Hagedorn, Cheryl 2606 Waterstone Dr. Evansville, IN 47725	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Kathleen Keefe-Wilson 2-14-05 (850) 243-4052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #