


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90016 043 \*\*\*\*61.25

<b>DOCUMENT # 754762</b> 1. Entity Name <b>SEA PALM OF FWB CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>300 MIRACLE STRIP PARKWAY S.W. FT. WALTON BEACH, FL 32548</b>			Mailing Address <b>300 MIRACLE STRIP PARKWAY S.W. OFFICE FT. WALTON BEACH, FL 32548</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2157750</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CONLEY, JAMIE 10 MARINERS LANE MARY ESTHER, FL 32569</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEYSEMBOURG, DEBBIE <input type="checkbox"/> Delete 300 MIRACLE STRIP PKWY S.W., UNIT 3A FORT WALTON BEACH, FL 32548				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONLEY, JAMIE <input type="checkbox"/> Delete 10 MARINERS LANE MARY ESTHER, FL 32569				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ORVIS, ROSE <input checked="" type="checkbox"/> Delete 300 MIRACLE STRIP PKWY 1-D FORT WALTON BEACH, FL 32548				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTTS, CHARLOTTE <input type="checkbox"/> Delete 300 MIRACLE STRIP PKWY 3-E FORT WALTON BEACH, FL 32548				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBS, AVERY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 300 MIRACLE STRIP PKWY, #1C FT. WALTON BEACH, FL 32548				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORR, ROB <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2039 KIZCAYA DR. NAVARRE, FL 32566				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
President: <i>Avery Jacobs</i> SIGNATURE: <i>Avery Jacobs</i> Date: <i>15 Jan 08</i> Daytime Phone #: <i>850-243-7331</i>					

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01042008 Chg-NP CR2E037 (12/06)

FL

Zip Code