

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754762

FILED
Jan 08, 2009
Secretary of State

Entity Name: SEA PALM OF FWB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2157750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONLEY, JAMIE
10 MARINERS LANE
MARY ESTHER, FL 32569 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MEYSEMBOURG, DEBBIE
Address: 300 MIRACLE STRIP PKWY S.W., UNIT 3A
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Delete
Name: CONLEY, JAMIE
Address: 10 MARINERS LANE
City-St-Zip: MARY ESTHER, FL 32569

Title: D () Delete
Name: POTTS, CHARLOTTE
Address: 300 MIRACLE STRIP PKWY 3-E
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: PD () Delete
Name: JACOBS, AVERY
Address: 300 MIRACLE STRIP PKWY 1C
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Delete
Name: ORR, ROB
Address: 2039 VIZCAYA DR
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: KEEFE-WILSON, KATHLEEN
Address: 300 MIRACLE STRIP PKWY. SW, #2C
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: SD (X) Change () Addition
Name: CONLEY, JAMIE
Address: 10 MARINERS LANE
City-St-Zip: MARY ESTHER, FL 32569

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: ORR, ROB
Address: 2039 VIZCAYA DR
City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AVERY JACOBS

PD

01/08/2009

Electronic Signature of Signing Officer or Director

Date