

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90239 014 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**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

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

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>BDM</b>	<input type="checkbox"/> Delete
NAME	<b>WILSON, KATHLEEN K</b>	
STREET ADDRESS	<b>300 MIRACLE STRIP PKWY 28</b>	
CITY-ST-ZIP	<b>FORT WALTON BEACH FL 32548</b>	<b>D</b>
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PAGLIARI, EMIL</b>	
STREET ADDRESS	<b>300 MIRACLE STRIP PKWY 28</b>	
CITY-ST-ZIP	<b>FORT WALTON BEACH FL 32548</b>	<b>D</b>
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MUNN, RAY</b>	
STREET ADDRESS	<b>300 MIRACLE STRIP PKWY 5H</b>	
CITY-ST-ZIP	<b>FORT WALTON BEACH FL 32548</b>	<b>D</b>
TITLE	<b>BDM</b>	<input type="checkbox"/> Delete
NAME	<b>PEARSON, LAURIE</b>	
STREET ADDRESS	<b>300 MIRACLE STRIP PKWY 2D</b>	
CITY-ST-ZIP	<b>FORT WALTON BEACH FL 32548</b>	<b>D</b>
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>BARRANCO, BEN</b>	
STREET ADDRESS	<b>300 MIRACLE STRIP PKWY 1D</b>	
CITY-ST-ZIP	<b>FT WALTON BCH FL</b>	<b>D</b>
TITLE	<b>Chance Kimbell</b>	<input type="checkbox"/> Delete

TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Wilson, Kathleen</b>	
STREET ADDRESS	<b>300 Miracle Strip Pkwy 28</b>	
CITY-ST-ZIP	<b>FWB, FL 32548</b>	<b>D</b>
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Chance Kimbell - BM</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>106 Methodist Ave SE</b>	
STREET ADDRESS	<b>Ft. Walton Beach, FL 32548</b>	<b>D</b>

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**

**1-31-03**

**850-668678**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)