

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90045 016 \*\*\*\*70.00

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N03462**

1. Corporation Name

**THE PALMS AT SEAGROVE CONDOMINIUM OWNERS' ASSOCIATION, INC.**

Principal Place of Business

3604 E CR 30-A  
SEAGROVE BCH FL 32459  
US

Mailing Address

P O BOX 4822  
SEAGROVE BCH FL 32459  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/06/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

58-1729077

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARRETT REALTY SERVICES INC  
3723 EAST C30A  
SEAGROVE BEACH FL 32459**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SHUPE, RICHARD  
STREET ADDRESS 387-SOUTH SHORE DRICE  
CITY-ST-ZIP DESTIN FL

☒ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

PD  
BAKER, A. WAYNE  
4321 BEECHWOOD ROAD  
KNOXVILLE TN 37920-6013

☐ Change ☒ Addition

TITLE STD  
NAME MACKE, JOHN  
STREET ADDRESS 49 SWEET BRIAR  
CITY-ST-ZIP FORT THOMAS KY

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

D  
PERKINS, JAY  
4887 SWEETBRIAR STREET  
BATON ROUGE LA 70808

☐ Change ☒ Addition

TITLE PD  
NAME DICKENSON, STEPHANIE  
STREET ADDRESS 210 ROLLING DUNES DRIVE  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

☒ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD  
NAME RICHTER, SCOTT  
STREET ADDRESS 2445 SPAULDING DRIVE  
CITY-ST-ZIP DUNWOODY GA

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)