

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # N97000006559

1. Entity Name

THE PALMS OF OKALOOSA ISLAND OWNERS ASSOCIATION,

00 MAR 27 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
A0026077

Principal Place of Business

Mailing Address

NAUTILUS CT
WALTON BEACH FL 32548676 SANTA ROSA BLVD
FT WALTON BEACH FL 32547
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Ft. Walton Bch, FL
32548 Okaloosa

4. FEI Number

59-3491395

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

O'BORN, JULIE
ABBOT RESORTS
676 SANTA ROSA BLVD
FORT WALTON BEACH 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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	DODSON, TIMOTHY J	2135 RIVER CLIFF DR	ROSWELL GA 30078	<input checked="" type="checkbox"/>	P/D	Frank Wilderman, Jr.	2124 Dogwood Dr.	Monroe, LA 71201	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	PFEIFFER, FRED	670 NAUTILUS CT #301	FT WALTON BEACH FL 32548	<input checked="" type="checkbox"/>	VP/D	Jeffrey Mordas	282 Fortuna Dr.	Hatfield, PA 19440	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	DODSON, TIM	2135 RIVER CLIFF DR	ROSWELL GA 30078	<input checked="" type="checkbox"/>	S/F/D	Nelge Puchalla	252 A. Glendore Dr.	Baldwin, MD 63021	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-

244-7203

CR2E037 (9/99)