

2001 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-02-2001 90116 019 *****61.25

DOCUMENT # N97000006559

1. Entity Name

THE PALMS OF OKALOOSA ISLAND OWNERS ASSOCIATION,

Principal Place of Business

670 NAUTILUS CT
FT WALTON BEACH FL 32548
US

Mailing Address

676 SANTA ROSA BLVD
FT WALTON BEACH FL 32548
US

65534

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

43 Miracle Strip Pkwy, SW

Suite, Apt. #, etc.

City & State
Fort Walton Beach, FL

Zip
32548

Country
USA

4. FEI Number

59-3491395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

O'BORN, JULIE
ABBOT RESORTS
676 SANTA ROSA BLVD
FORT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name
Ron Shorey
Street Address (P.O. Box Number is Not Acceptable)
Brooks, Shorey and Associates
43 Miracle Strip Parkway, SW
City Fort Walton Beach FL 32548

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:
FEES IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILDERMAN, FRANK JR 2124 DOGWOOD DR MONROE LA 71201	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORDAS, JEFFREY 282 FORTUNA DRIVE HATFIELD PA 19440	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RUCHALLA, HELGE 252 A GLENDORF DRIVE BALDWIN MO 63021	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wilderman, Frank Jr. 670 Nautilus #601 Fort Walton Beach, FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Monte McLean 319 Plymouth Ave. Fort Walton Beach, FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Dwyre 8034 Legend Creek Drive Destin, FL 32541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)