

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90182 012 ****61.25

DOCUMENT # N97000006559

1. Entity Name

THE PALMS OF OKALOOSA ISLAND OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**670 NAUTILUS CT
 FT WALTON BEACH FL 32548
 US**

**43 MIRACLE STRIP PKWY SW
 FORT WALTON BEACH FL 32548
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3491395

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SHOREY, RON
 BROOKS, SHOREY AND ASSOCIATES
 43 MIRACLE STRIP PARKWAY, SW
 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 \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **WILDERMAN, FRANK JR**
 STREET ADDRESS **670 NAUTILUS #601**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **MCLEAN, MONTE**
 STREET ADDRESS **319 PLYMOUTH AVE**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE ☐ Change ☒ Addition
 NAME **Fred Pfeiffer**
 STREET ADDRESS **670 Nautilus Ct # 301**
 CITY-ST-ZIP **Fort Walton Beach, FL 32548**

TITLE **D** ☐ Delete
 NAME **DWYRE, MICHAEL**
 STREET ADDRESS **8034 LEGEND CREEK DRIVE**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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:

Frank Wilderman **SIGNATURE REQUIRED WILDERMAN**

Date

Daytime Phone #

1-8-2002/244-7203

CH2E037 (9/01)