

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

05-07-2002 90125 001 ***122.50
 09-16-2002 90090 026 ****61.25

DOCUMENT # N98000004013

1. Entity Name

ST. THOMAS AT SILVER SHELLS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**C/O RESORT DEVELOPMENT
 15000 EMERALD COAST PARKWAY
 DESTIN FL 32541**

**C/O RESORT DEVELOPMENT
 15000 EMERALD COAST PARKWAY
 DESTIN FL 32541**

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

59-3568349

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

7. Name and Address of New Registered Agent

**NAPLES-LAWDOCK, INC.
 4501 TAMiami TRAIL NORTH, STE 300
 NAPLES FL 34103**

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

**After September 13, 2002,
 min. will be \$236.25.**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 BECNEL, THOMAS R
 15000 EMERALD COAST PKWY
 DESTIN FL 32541** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VSD
 BECNEL, CARLA
 15000 EMERALD COAST PKWY
 DESTIN FL 32541** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VSD
 Ronald Karcher
 15000 Emerald Coast Parkway
 Destin FL 32541** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**T
 OLSEN, RODNEY
 15000 EMERALD COAST PKWY
 DESTIN FL 32541** ☐ Delete

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

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☐ Change ☐ 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

9/11/02

850 650 9998

CR2E037 (4/02)