

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007233

1. Entity Name

SILVER BEACH TOWERS WEST CONDOMINIUM ASSOCIATION

FILED

00 AUG 24 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

15000 EMERALD COAST PARKWAY
DESTIN FL 32541

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. FFI Number

Applied for

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.

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

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

TITLE VD
NAME KREUSER, WILLIAM G.P.
STREET ADDRESS 15000 EMERALD COAST PARKWAY
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800003273008--9
CITY-ST-ZIP -06/01/00--01024--001
*****778.75 *****61.25

TITLE VD
NAME BECNEL, DAMON
STREET ADDRESS 15000 EMERALD COAST PARKWAY
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

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

TITLE TS
NAME WILDE, KEN
STREET ADDRESS 15000 EMERALD COAST PARKWAY
CITY-ST-ZIP DESTIN FL 32541 ☒ Delete

TITLE TS
NAME Rodney Olsen
STREET ADDRESS 15000 Emerald Coast Parkway
CITY-ST-ZIP Destin FL 32541 ☐ Change ☒ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Thomas Becnel REQUIRED 4/16/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-650-9999
Date Daytime Phone #

CR2E037 (9/99)