

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007233

1. Entity Name

SILVER BEACH TOWERS WEST CONDOMINIUM ASSOCIATION

Principal Place of Business

15000 EMERALD COAST PARKWAY
DESTIN FL 32541

Mailing Address

15000 EMERALD COAST PARKWAY
DESTIN FL 32541

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 reappointing)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, 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

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

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

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

TITLE TS
NAME OLSEN, RODNEY
STREET ADDRESS 15000 EMERALD COAST PARKWAY
CITY- ST- ZIP DESTIN FL 32541 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Secretary
NAME Carla Beemel
STREET ADDRESS 15000 Emerald Coast Pkwy
CITY- ST- ZIP Destin, FL 32541 ☐ Change ☒ Addition

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

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

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CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ 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 supplied in the 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 to this report, with all other like changes.

SIGNATURE:

SIGNATURE REQUIRED

8/20/01

650-9996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 10, 2001 8:00 am
Secretary of State

05-17-2001 90138 001 ***817.50

08-24-2001 90044 028 ****61.25



DO NOT WRITE IN THIS SPACE

CR2037 (5/01)