

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007235

1. Entity Name

SILVER BEACH TOWERS PROPERTY OWNERS 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name: Resort Property Mgmt
Street Address (P.O. Box Number is Not Acceptable): 15000 Emerald Coast Pkwy
City: Destin FL Zip Code: 32541

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: Delora D Hughes Association Manager 8/15/01
Signature, typed or printed name of registered agent or officer if applicable. (NOTE: Registered Agent signature required when re-registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BECNEL, THOMAS R 15000 EMERALD COAST PARKWAY DESTIN FL 32541	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BECNEL, DAMON 15000 EMERALD COAST PARKWAY DESTIN FL 32541	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KREUSER, WILLIAM 15000 EMERALD COAST PARKWAY DESTIN FL 32541	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OLSEN, RODNEY 15000 EMERALD COAST PARKWAY 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 NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CARLA BECHER 15300 Emerald Coast Pkwy Destin FL 32541	☐ 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 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 Pres. 8/15/01 850 337-5167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED
Sep 18, 2001 8:00 am
Secretary of State

05-17-2001 90138 001 ***817.50
08-29-2001 90016 020 ***61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)