

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754762

**Entity Name:** SEA PALM OF FWB CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**300 MIRACLE STRIP PARKWAY, SW  
OFFICE  
FT. WALTON BEACH, FL 32548**Current Mailing Address:**300 MIRACLE STRIP PARKWAY, SW  
OFFICE  
FT. WALTON BEACH, FL 32548 US**FEI Number:** 59-2157750**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PAULMAN, CARLA  
300 MIRACLE STRIP PKWY SW  
5B  
FORT WALTON BEACH, FL 32548 US*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:** CARLA PAULMAN

03/10/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP
Name	TROUTMAN, ROY N
Address	710 SAILFISH DR
City-State-Zip:	FT. WALTON BEACH FL 32548

Title	DIRECTOR
Name	BORELLI, JANINE
Address	13601 TRAIL DRIVER STREET
City-State-Zip:	AUSTIN TX 78737

Title	TREASURER
Name	DENSON, AMANDA
Address	300 MIRACLE STRIP PKWY 4E
City-State-Zip:	FORT WALTON BEACH FL 32548

Title	SECRETARY
Name	ROBINSON, CAROL
Address	300 MIRACLE STRIP PKWY 5B
City-State-Zip:	FORT WALTON BEACH FL 32548

Title	PRESIDENT
Name	PAULMAN, CARLA
Address	300 MIRACLE STRIP PKWY UNIT 5A
City-State-Zip:	FORT WALTON BEACH FL 32548

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARLA PAULMAN

PRESIDENT

03/10/2023

Electronic Signature of Signing Officer/Director Detail

Date