FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

722058

(5)

THE ISLANDS CONDOMINIUMS ASSOCIATION, INC.

o noccontion, inc.
Mailing Address
11680 W DIXIE SHORES DI CRYSTAL RIVER FL 34429 US

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		03		3. Date Incorporated or Qualified 11/12/1971	3a. Date of Last Report 04/03/1995			
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number	Applied For			
21		26		59-1368822	Not Applicable			
Suite, Apt. #	Apt. #, etc. Suite, Apt. #, etc. 27		5. Certificate of Status Desired	S8.75 Additional Fee Required				
Crty & State	City & State City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees				
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for inl	tangible tax under s. 199.032, Yes 🌅 No			
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent			
HEYSER, JOE L 1311 N SEAGUIL PT CRYSTAL RIVER FL 34429 81 Name EADIE MORROW, MANAGER 82 Street Address (P.O. Box Number is Not Acceptable) THE ISLANDS CONDOMINIUMS ASSOC., INC. 83 84 City 11680 W. DIXIE SHORES DR. 85 Zip Code								
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered legent, or botty, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE DATE DATE								
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC				
TITLE	_	DELETE	1.1 TIFLE	D	Change Addition			
NAME	CRENSHAW, LAWRENCE A		12 NAME	MEDFORD, WILLIAM O				
			1.3 STREET ADDRESS	11586 W. BAYSHORE	DR.			
CITY-ST-ZIP	CRYSTAL RIVER FL		14 CITY - ST - ZIP	CRYSTAL RIVER, FL	34429			
TITLE	DP	M DELETE	2 1 TITLE	D	Change Addition			
NAME	HEYSER, JOE L		22 NAME	WEST, HAROLD				
STREET ADDRESS	1311 N. SEAGULL PT.		2 3 STREET ADDRESS	11624 W. KINGFISHE	R CT.			
CITY-ST-ZIP	CRYSTAL RIVER FL		2 4 CITY-ST-ZIP	CRYSTAL RIVER, FL	34429			
TITLE	DT	DELETE	3 1 TITLE	DT	☐ Change ☐ Addition			
NAME	THOMAS, JAMES		3.2 NAME	JAMES, CURTIS G.				
STREET ADDRESS			3.3 STREET ADDRESS	1298 W. SEAGULL PT	•			
CITY+ST+ZIP	CRYSTAL RIVER FL		3 4. CITY - ST - ZIP	CRYSTAL RIVER, FL				
TITLE	VD	☐ DELETE	4 1 TITLE	DP	hange Addition			
NAME	Frankum, Jerry		4 2 NAME		•			
STREET ADDRESS	11316 W BAYSHORE DR		4.3 STREET ADDRESS		•			
CITY-ST-ZIP	CRYSTAL RIVER FL		4.4 CITY - ST - ZIP					
TITLE	SD	DELETE	51 TITLE	VD	Change Addition			
NAME	MILES, HELEN A		5 2 NAME					
STREET ADDRESS	11328 W BAYSHORE DR		5 3 STREET ADDRESS					
CITY-ST-ZIP	CRYSTAL RIVER FL		5.4 CITY - ST - ZIP					
TITLE	PO	DELETE	61 TITLE	DS	Change Vodition			
NAME	HARAS, ROBERT	••	6 2 NAME	SIMONSON, FRED	<i>**</i>			
STREET ADDRESS	11334 W BAYSHORE DR		6 3 STREET ADDRESS	11487 W. BAYSHORE D	or.			
DITY-ST-ZIP	CRYSTAL RIVER FL		6.4 CITY - ST - ZIP	CRYSTAL RIVER, FL 3				
			Or En	ICVIDION NIVEL THE				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, Months-Certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

HONATORE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OFFICEROR

353-795-7104 OF