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FILED

Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722058 (5)

1. Corporation Name

THE ISLANDS CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business
11680 W DIXIE SHORES DR
CRYSTAL RIVER FL 34429
USMailing Address
11680 W DIXIE SHORES DR
CRYSTAL RIVER FL 34429-9280
US3. Date Incorporated or Qualified
11/12/19713a. Date of Last Report
03/11/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1368822

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EADIE MORROW, MANAGER
THE ISLANDS CONDOMINIUMS ASSOC, INC
11680 W DIXIE SHORES DR
CRYSTAL RIVER FL 34429

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 agent, or both, 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:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEDFORD, WILLIAM O.	
STREET ADDRESS	11586 W BAYSHORE DR	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WEST, HAROLD	
STREET ADDRESS	11624 W KINGFISHER CT	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	BT	<input checked="" type="checkbox"/> DELETE
NAME	JAMES, CURTIS G.	
STREET ADDRESS	1299 W SEAGULL PT	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	DR	<input type="checkbox"/> DELETE
NAME	FRANKUM, JERRY	
STREET ADDRESS	11316 W BAYSHORE DR	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MILES, HELEN A	
STREET ADDRESS	11328 W BAYSHORE DR	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SIMONSON, FRED	
STREET ADDRESS	11487 W BAYSHORE DR	
CITY-ST-ZIP	CRYSTAL RIVER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TERENCE J. MCMANUS	
1.3 STREET ADDRESS	P. O. Box 1877	
1.4 CITY-ST-ZIP	Crystal River, FL 34423	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LUCILLE MURTAGH	
3.3 STREET ADDRESS	11603 W. Kingfisher Ct.	
3.4 CITY-ST-ZIP	Crystal River, FL 34429	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terence J. McManus, Treasurer

Date

Daytime Phone # 0066015

CR2E037 (9/96)