


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 766798 (3)

1. Corporation Name

**ISLAND SANDS CONDOMINIUM ASSOCIATION, INC. OF FO
RT WALTON BEACH**

Principal Place of Business	Mailing Address
201 HOLLYWOOD BLVD. N.E. P.O. BOX 366 FT. WALTON FL 32549	201 HOLLYWOOD BLVD. N.E. P.O. BOX 366 FT. WALTON FL 32549-0366



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 02/01/1983	3a. Date of Last Report 04/30/1996
4. FEI Number 59-1775514	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LUTHER, FRANCES S.
201 HOLLYWOOD BLVD. N.E.
FT. WALTON FL 32548**

10. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CRANE, DEAN C.	
STREET ADDRESS	202-1 ANGELFISH	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRIM, HARRY	
STREET ADDRESS	406 HOLMES	
CITY-ST-ZIP	FT. WALTON BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRIS, DEVERNE	
STREET ADDRESS	613 MOUNTAIN DR	
CITY-ST-ZIP	DESTIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARSHALL, CHARLES	
STREET ADDRESS	8489 CONGRESSIOAL DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LUTHER, FRANCES	
STREET ADDRESS	201 HOLLYWOOD BLVD N.E.	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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: **F. LUTHER** Sec/treas 2-1-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)