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FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766798 (3)
 1. Corporation Name
**ISLAND SANDS CONDOMINIUM ASSOCIATION, INC. OF FO
 RT WALTON BEACH**



Principal Place of Business 201 HOLLYWOOD BLVD. N.E. P.O. BOX 386 FT. WALTON FL 32549	Mailing Address 201 HOLLYWOOD BLVD. N.E. P.O. BOX 386 FT. WALTON FL 32549
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3. Date Incorporated or Qualified 02/01/1983	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-1775514	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	CRANE, DEAN C.	
STREET ADDRESS	202-1 ANGELFISH	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	VD	
NAME	GRIM, HARRY	
STREET ADDRESS	406 HOLMES	
CITY-ST-ZIP	FT. WALTON BCH. FL	
TITLE	D	
NAME	MORRIS, DEVERNE	
STREET ADDRESS	613 MOUNTAIN DR	
CITY-ST-ZIP	DESTIN FL	
TITLE	D	
NAME	MARSHALL, CHARLES	
STREET ADDRESS	8489 CONGRESSIAL DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	STD	
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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: *Frances S. Luther* **FRANCES S. LUTHER** *FL* *32548*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076343

CR2E037 (10/97)