

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766798

1. Entity Name

ISLAND SANDS CONDOMINIUM ASSOCIATION, INC. OF FO

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90159 018 ****61.25

Principal Place of Business

Mailing Address

201 HOLLYWOOD BLVD. N.E.
 P.O. BOX 386
 FT. WALTON FL 32549

201 HOLLYWOOD BLVD. N.E.
 P.O. BOX 386
 FT. WALTON FL 32549-0386

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1775514

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" 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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED*

FRANCES S. LUTHER
1-23-00

Date

Daytime Phone #

CR2E037 (9/99)