

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91603 010 \*\*\*\*61.25

0008763

**DOCUMENT # 766798**

1. Entity Name

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

Principal Place of Business

Mailing Address

**862 SCALLOP CT  
 FORT WALTON BEACH FL 32548**

**P.O. BOX 4453  
 FT. WALTON FL 32549**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1775514**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAHE, THEODORE  
 329 ELDREDGE RD  
 FORT WALTON FL 32549**

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**  Delete  
 NAME **CANNON, ROBERTA**  
 STREET ADDRESS **182 DURANGO RD**  
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **COOK, DEBRA**  
 STREET ADDRESS **3203 WALDMER RD**  
 CITY-ST-ZIP **TOLEDO OH 43615**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **CRANE, DEAN**  
 STREET ADDRESS **SUDDETH CIRCLE**  
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **PROCTOR, CARLEEN**  
 STREET ADDRESS **200 ETONAH RIDGE TRAIL**  
 CITY-ST-ZIP **CARTERSVILLE GA 30120**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **MARSHALL, CHARLES**  
 STREET ADDRESS **8489 CONGRESSIONAL DR**  
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D**  Change  Addition  
 NAME **James G Archuleta**  
 STREET ADDRESS **3131 E ALAMEDA AVE #307**  
 CITY-ST-ZIP **DENVER, CO 80209**

TITLE **AST**  Delete  
 NAME **RAHE, THEODORE D**  
 STREET ADDRESS **327 ELDREDGE RD**  
 CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE  Change  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:** *Theodore D. Rahe* **Theodore D. Rahe** 5/20/02 858 244 4418  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)