


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90168 045 ****61.25

DOCUMENT # 766798

1. Entity Name
ISLAND SANDS CONDOMINIUM ASSOCIATION, INC. OF FORT WALTON BEACH



Principal Place of Business
**862 SCALLOP COURT
 FORT WALTON, FL 32548**

Mailing Address
**PO BOX 4453
 FT WALTON BEACH, FL 32549**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



04242006 Chg-NP CR2E037 (11/05)

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

**RAHE, THEODORE D
 202 ANGELFISH
 FT WALTON BEACH, FL 32548**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	DELAUNE, ARTHUR	19438 TICE RD	COVINGTON, LA 70436	<input type="checkbox"/>
T	LINDSEY, MIKE	509 ABBEYWOOD DR.	CARY, IL 60013	<input type="checkbox"/>
S	LINDSEY, MIKE	509 ABBEYWOOD DR.	CARY, IL 60013	<input checked="" type="checkbox"/>
V	WEICHT, BUCK	1768 FONTAINE DR.	JONESBORO, GA 30236	<input type="checkbox"/>
D	SCHOMMER, STEVEN	209 LAFITTE	MANDEVILLE, LA 70448	<input checked="" type="checkbox"/>
A/S	RAHE, THEODORE D	202 ANGELFISH	FT WALTON BEACH, FL 32548	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
S	BROWN, DENNIS	4875 KING VALLEY DRIVE	ROSWELL, GA 30075	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	SMAOK, LISA	6510 Little Mill Rd	GAINESVILLE, GA 30506	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *9/5 Theodore D Rahe Theodore D Rahe* **4/27/06** **850 3444418**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #