


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90259 015 ****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

50000112



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 515
 Suite, Apt. #, etc.

01082007 Chg-NP CR2E037 (12/06)

City & State
 Fr. Walton Beach, FL

4. FEI Number
 59-1775514

Applied For
 Not Applicable

Zip
 Country

32549 OKaloosa

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 Elizabeth A. Clark
 Street Address (P.O. Box Number is Not Acceptable)
 810 NE Eglin Parkway, Unit 10
 City Ft Walton Beach FL Zip Code 32547

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 Elizabeth A. Clark DATE 1-8-07

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

Filing Fee is \$61.25 Due by May 1, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELAUNE, ARTHUR 19438 TICE RD COVINGTON, LA 70436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LINDSEY, MIKE 509 ABBEYWOOD DR. CARY, IL 60013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, DENNIS 4875 KING VALLEY DRIVE ROSWELL, GA 30075 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEIGHT, BUCK 1768 FONTAINE DR. JONESBORO, GA 30236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMOAK, LISA 6510 LITTLE MILL RD GAINESVILLE, GA 30506 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Linda Griffin 862 Scallop Ct., Unit 201 Ft Walton Beach, FL 32548 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A/S RAHE, THEODORE D 202 ANGELFISH FT WALTON BEACH, FL 32548 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: A. E. Delaune Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR