

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766798

FILED  
Apr 21, 2009  
Secretary of State

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

**Current Principal Place of Business:**

862 SCALLOP COURT  
FORT WALTON, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 515  
FT WALTON BEACH, FL 32549

**New Mailing Address:**

FEI Number: 59-2661430

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLARK, ELIZABETH A  
810 NE EGLIN PKWY, UNIT 10  
FORT WALTON BEACH, FL 32547 US

**Name and Address of New Registered Agent:**

BEATY, CATHY A  
26 CARL BRANDT DRIVE  
SHALIMAR, FL 32579 US

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: CATHY A BEATY

04/21/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DELAUNE, ARTHUR  
Address: 19438 TICE RD  
City-St-Zip: COVINGTON, LA 70436

Title: T ( ) Delete  
Name: LINDSEY, MIKE  
Address: 509 ABBEYWOOD DR.  
City-St-Zip: CARY, IL 60013

Title: D ( ) Delete  
Name: WEICHT, BUCK  
Address: 1768 FONTAINE DR.  
City-St-Zip: JONESBORO, GA 30236

Title: VP ( ) Delete  
Name: GRIFFIN, LINDA  
Address: 862 SCALLOP CT. UNIT 201  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: S ( ) Delete  
Name: REID, LISA S  
Address: 908 ASHBROOKE CT.  
City-St-Zip: MARIETTA, GA 30068

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR DELAUNE

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date