

FROM: FIBERTON

12/31/2002 19:31

850-626-8496

FAX NO. : 8505374088

DEB COOK


FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90600 034 ****61.25

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 766798

1. Entity Name
Island Sands Condominium Association
INC. OF FORT WALTON BEACH



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
309 Scallop Court
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 2974
Suite, Apt. #, etc.

City & State
Ft. Walton Beach, Florida

City & State
Ft. Walton Beach, Florida

Zip
32548

Country
USA

Zip
32549-2974

Country
USA

4. FEI Number
591775514

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name: John R. Saunders
Street Address (P.O. Box Number is Not Acceptable):
5837 Hunting Meadows Drive
City: Crestview FL Zip Code: 32538

DO NOT WRITE IN THIS SPACE

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: *John R. Saunders* John R. Saunders, Vice President 1-10-03

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Arthur E. Delaine 18438 Tice Road Covington, LA 70435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V John R. Saunders 5837 Hunting Meadows Drive Crestview, FL 32538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S James Archuleta 3131 E. Alameda Avenue #307 Denver, Colorado 80209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Debra K. Cook 4440 Sleepy Hammock Drive Milton, FL 32583-3144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gina Alexander 8961 Country Club Drive Douglasville, GA 30134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Earlean Proctor 200 Etowah Ridge Trail Cartersville, GA 30120

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(1), 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 member or trustee authorized to execute this report as required by Chapter 917, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with another like impression.

SIGNATURE: *Debra K. Cook* Debra K. Cook, Treasurer 1-10-03 850-626-7930

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

90007517

DO NOT WRITE IN THIS SPACE


CRESCENT (12/02)

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Attachment

90007517

766798

DOCUMENT #		1. Entity Name			
		Island Sands Condominium Association Attachment for Box 10			
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE					
7. Name and Address of Current 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
FEES \$125 Inclusion or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D Buck Weicht		TITLE		
NAME	1768 Fontaine Drive		NAME		
STREET ADDRESS	Jonesboro, GA 30236		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE					
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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Delia K Cook</i>		Date: <i>1-10-03</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E037B (12/02)