

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1449

1. Entity Name

ISLAND HOME CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 386  
FT. WALTON BEACH FL 32549

PO BOX 386  
FT. WALTON BEACH FL 32549-0386

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

59-2436074

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

CRANE, DEAN  
202 ANGELFISH DR  
FT. WALTON BEACH FL 32548

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 CRANE, DEAN  
STREET ADDRESS 202 ANGELFISH DR  
CITY-ST-ZIP FT. WALTON BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WHITE, JO ANN  
STREET ADDRESS 3861 INDIAN TRAIL #102 (P.O. BOX 1463)  
CITY-ST-ZIP DESTIN FL 32540

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME LUTHER, FRANCES  
STREET ADDRESS 201 HOLLYWOOD BLVD, NE  
CITY-ST-ZIP FT. WALTON BEACH FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME COMPTON, AVA  
STREET ADDRESS 106 GULF WINDS COURT  
CITY-ST-ZIP DESTIN FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME KILPATRICK, JOE  
STREET ADDRESS 501 GULF SHORE DR., #17  
CITY-ST-ZIP DESTIN FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 28, 2000 8:00 am  
Secretary of State

01-28-2000 90159 009 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)