

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 08, 2001 8:00 am  
Secretary of State

02-08-2001 90064 025 \*\*\*\*61.25

**DOCUMENT # N01449**

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

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

**FRANCES S. LUTHER**

Street Address (P.O. Box Number is Not Acceptable)

**306 CYPRESS ST.**

City

**DESTIN,**

**FL**

Zip Code  
**32541**

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

*Frances S. Luther*

**FRANCES S. LUTHER SEC/TREAS**

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**CRANE, DEAN**  
**202 ANGELFISH DR**  
**FT. WALTON BEACH FL** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**JOE KILPATRICK**  
**501 GULFSHORE DR. #17**  
**DESTIN, FL. 32541** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**WHITE, JO ANN**  
**3861 INDIAN TRAIL #102 (P.O. BOX 1483)**  
**DESTIN FL 32540** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D.**  
**DEAN CRANE**  
**202 ANGELFISH**  
**FORT WALTON BEACH, FL. 32548** ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**306 CYPRESS ST.**  
**DESTIN, FL. 32541** ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**TIFFANY FOSTER**  
**485 GULFSHORE DR. # 106**  
**DESTIN, FL. 32541** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD**  
**KILPATRICK, JOE**  
**501 GULFSHORE DR. #17**  
**DESTIN FL** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**BRANDON A KING**  
**P. O. BOX 5451**  
**DESTIN, FL. 32541** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:

*Frances S. Luther*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Feb 2, 2001* **1-08-01**

CR2E037 (10/00)