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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 6:01

DOCUMENT # 722058 (5)

1. Corporation Name

THE ISLANDS CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11680 W DIXIE SHORES DR CRYSTAL RIVER FL 34429 US	11680 W DIXIE SHORES DR CRYSTAL RIVER FL 34429 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1971
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-1368822 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HEYSER, JOE L
1311 N SEAGULL PT
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	CRENSHAW, LAWRENCE A	1.2 NAME		
STREET ADDRESS	11456 W. BAYSHORE DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL	1.4 CITY-ST-ZIP		
TITLE	DP	2.1 TITLE	D	☒ Change ☐ Addition
NAME	HEYSER, JOE L	2.2 NAME		
STREET ADDRESS	1311 N. SEAGULL PT.	2.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL	2.4 CITY-ST-ZIP		
TITLE	DT	3.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, JAMES	3.2 NAME		
STREET ADDRESS	11261 W. BAYSHORE DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL	3.4 CITY-ST-ZIP		
TITLE	DS	4.1 TITLE	V/D	☒ Change ☒ Addition
NAME	SHEARON, M S	4.2 NAME	FRANKUM, JERRY	
STREET ADDRESS	11568 W. KINGFISHER CT.	4.3 STREET ADDRESS	11316 W BAYSHORE DR	
CITY-ST-ZIP	CRYSTAL RIVER FL	4.4 CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	D	5.1 TITLE	S/D	☒ Change ☒ Addition
NAME	BEHMAN, SCOTT	5.2 NAME	MILES, HELEN A.	
STREET ADDRESS	11491 W. SANDPIPER,	5.3 STREET ADDRESS	11328 W BAYSHORE DR	
CITY-ST-ZIP	CRYSTAL RIVER FL	5.4 CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	DV	6.1 TITLE	P/D	☒ Change ☐ Addition
NAME	HARAS, ROBERT	6.2 NAME		
STREET ADDRESS	11334 W BAYSHORE DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL	6.4 CITY-ST-ZIP	[redacted]	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does n [redacted] 7(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true [redacted] ame legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to ex [redacted] 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James A. Thomas, Treasurer *James A. Thomas* 3/30/95 904-795-7104

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

MAR 24 1995