

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722058

**FILED  
Apr 10, 2015  
Secretary of State  
CC7479621053**

**Entity Name:** THE ISLANDS CONDOMINIUMS ASSOCIATION, INC.

**Current Principal Place of Business:**

11680 W DIXIE SHORES DR  
CRYSTAL RIVER, FL 34429

**Current Mailing Address:**

11680 W DIXIE SHORES DR  
CRYSTAL RIVER, FL 34429 US

**FEI Number:** 59-1368822

**Certificate of Status Desired:** No

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

BOSSHARDT PROPERTY MANAGEMENT LLC  
2123 SW 20TH PLACE  
SUITE B  
OCALA, FL 34471 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            NIXON, GREG  
Address        11680 W DIXIE SHORES DR  
City-State-Zip: CRYSTAL RIVER FL 34429

Title            V.PR  
Name            METCALF, ROY  
Address        11680 W DIXIE SHORES DR  
City-State-Zip: CRYSTAL RIVER FL 34429

Title            TR  
Name            LINDEN, AL  
Address        11680 W DIXIE SHORES DR  
City-State-Zip: CRYSTAL RIVER FL 34429

Title            SEC  
Name            ALLEN, PHYLLIS  
Address        11680 W DIXIE SHORES DR  
City-State-Zip: CRYSTAL RIVER FL 34429

Title            DIRECTOR  
Name            GRAFF, ROBERT  
Address        11680 W DIXIE SHORES DRIVE  
City-State-Zip: CRYSTAL RIVER FL 34429

Title            DIRECTOR  
Name            PAUL, ANN  
Address        11680 W DIXIE SHORES DRIVE  
City-State-Zip: CRYSTAL RIVER FL 34429

Title            DIRECTOR  
Name            PRIEBE, JEFF  
Address        11680 W. DIXIE SHORES DRIVES  
City-State-Zip: CRYSTAL RIVER FL 34429

*I hereby 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 all other like empowered.*

**SIGNATURE:** GREG NIXON

**PRESIDENT**

**04/10/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date