

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766798

**FILED**  
**Apr 26, 2018**  
**Secretary of State**  
**CC7410267221**

**Entity Name:** ISLAND SANDS CONDOMINIUM ASSOCIATION, INC. OF FORT WALTON BEACH

**Current Principal Place of Business:**

862 SCALLOP COURT  
FORT WALTON, FL 32548

**Current Mailing Address:**

PO BOX 2613  
FT WALTON BEACH, FL 32549 US

**FEI Number: 59-2661430**

**Certificate of Status Desired: No**

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

RDF ASSOCIATES, INC  
130 STAFF DR. NE  
FORT WALTON BEACH, FL 32548 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 D  
Name DELAUNE, STEPHANIE  
Address PO BOX 2613  
City-State-Zip: FT WALTON BEACH FL 32549

Title S  
Name CALLAND, ELVINA  
Address PO BOX 2613  
City-State-Zip: FT WALTON BEACH FL 32549

Title P  
Name QUINLAN, GERALD  
Address PO BOX 2613  
City-State-Zip: FT WALTON BEACH FL 32549

Title VP  
Name CHILTON, KATRINA  
Address PO BOX 2613  
City-State-Zip: FT WALTON BEACH FL 32549

Title T  
Name SPEARS, TERRELL  
Address PO BOX 2613  
City-State-Zip: FT WALTON BEACH FL 32549

Title MGR  
Name BYRD, ELIZABETH  
Address PO BOX 2613  
City-State-Zip: FT WALTON BEACH FL 32549

*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: ELIZABETH BYRD**

**MGR**

**04/26/2018**

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

\_\_\_\_\_  
Date