

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766798

Entity Name: ISLAND SANDS CONDOMINIUM ASSOCIATION, INC. OF FORT WALTON BEACH**FILED**
Jan 30, 2014
Secretary of State
CC7135903704**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
29C MIRACLE STRIP PKWY SW
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	P
Name	DELAUNE, ARTHUR
Address	19438 TICE RD
City-State-Zip:	COVINGTON LA 70436

Title	T
Name	LINDSEY, MIKE
Address	509 ABBEYWOOD DR.
City-State-Zip:	CARY IL 60013

Title	S
Name	QUINLAN, JERRY
Address	23163 N HIGH RIDGE RD
City-State-Zip:	BARRING IL 60010

Title	DIR
Name	GRIFFIN, LINDA
Address	862 SCALLOP CT. UNIT 201
City-State-Zip:	FORT WALTON BEACH FL 32548

Title	VP
Name	SPEARS, TERRELL
Address	181 LAKE MURRAY
City-State-Zip:	NORTH AUGUSTA SC 29841

Title	MGR
Name	MCDERMOTT, ANDREA
Address	29C MIRACLE STRIP PKWY SW
City-State-Zip:	FORT WALTON BEACH FL 32548

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: ANDREA MCDERMOTT**MGR****01/30/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date