

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

DOCUMENT# 766798

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

**FILED**  
**Feb 25, 2015**  
**Secretary of State**  
**CC3331761620**

**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 PO BOX 2613  
City-State-Zip: FT WALTON BEACH FL 32549

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

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

Title DIR  
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 BARRETT, JENNIE  
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: JENNIE BARRETT**

**MGR**

**02/25/2015**

Electronic Signature of Signing Officer/Director Detail

Date