


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 728940 1. Entity Name ISLAND SURF CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business C/O DOROTHY ALLIGOOD 927 WHELK COURT FT WALTON BEACH, FL 32548	Mailing Address C/O DOROTHY ALLIGOOD 111 TROY CIRCLE FORT WALTON BEACH, FL 32547
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DO NOT WRITE IN THIS SPACE



01162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 42-1653789	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALLIGOOD, WALTER L JR. 111 TROY CIRCLE FT WALTON BCH FL, FL 32547
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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STAMPS, A.L. 2102 EAST 22ND PLACE TULSA, OK 74114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KING, STAN 2485 OAKLEIGH COURT, N.E. ATLANTA, GA 303453874
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ALLIGOOD, DOROTHY 111 TROY CIRCLE FORT WALTON BEACH, FL 32547
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01/22/07-80018-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dorothy Alligood 1/14/07 850-862-3474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #