

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1995 MAR 10 AM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 733702 (5)
1. Corporation Name
ISLA BLANCA TOWNHOUSE OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
400 GULF SHORE DR
DESTIN FL 32541 400 GULF SHORE DR
DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/02/1975 3a. Date of Last Report 05/01/1994
4. FEI Number NOT APPLICABLE Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible taxes under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 501 Gulf Shore Dr. 26 501 Gulf Shore Dr.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 #4 27 #4
City & State City & State
23 Destin, FL 28 Destin, FL
Zip Country Zip Country
24 32541 25 USA 29 32541 30 USA

9. Name and Address of Current Registered Agent

KNEGTEL, HARRY
501 GULF SHORE DR.
SUITE 4
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

3-1-95

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SALTER, MCTYIER
STREET ADDRESS 501 GULF SHORE DR UNIT 7
CITY-ST-ZIP DESTIN FL

TITLE D
NAME ENSLEN, MARIE
STREET ADDRESS 1268 HARROGATE SPGS., RD.
CITY-ST-ZIP WETUMPKA AL

TITLE DT
NAME DELOACH, WILLIAM
STREET ADDRESS 501 GULF SHORE DR. #12
CITY-ST-ZIP DESTIN FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR
Mctyier Salter

2-13-95 912-995-2251
Date Date