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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 733702 (5)

1. Corporation Name

ISLA BLANCA TOWNHOUSE OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~109 Hwy 98 E.~~ ~~591 GULF SHORE DR.~~ ~~SUITE D~~ DESTIN FL 32541 US	P O BOX 5211 DESTIN FL 32540 US

3. Date Incorporated or Qualified: 09/02/1975

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 109 Hwy 98 E.	26
Suite, Apt. #, etc. 22 D	Suite, Apt. #, etc. 27
City & State 23 DESTIN, FL	City & State 28
Zip 24 32541	Country 25 OKALOOSA
Zip 29	Country 30

6. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VICKERS, WILLIAM D 109 HWY 98 E SUITE D DESTIN FL 32541	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	MCDANIEL		1.2 NAME		
STREET ADDRESS	P O BOX 797 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLANTON AL		1.4 CITY-ST-ZIP	35046-0797	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	DUNKLIN, NANCY		2.2 NAME		
STREET ADDRESS	300 JEFFMAR ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE AL		2.4 CITY-ST-ZIP	36037	
TITLE	ST	☒ DELETE	3.1 TITLE	ST	☐ Change ☒ Addition
NAME	MELANCON, CARL		3.2 NAME	JACK KINARD	
STREET ADDRESS	131 ACADIAN LANE		3.3 STREET ADDRESS	2509 PELHAM DRIVE	
CITY-ST-ZIP	MANDAVILLE LA		3.4 CITY-ST-ZIP	HOUSTON, TX 77019	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	MCTYIER, SALTER		4.2 NAME		
STREET ADDRESS	183 JOHNSON ST SE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAWSON GA		4.4 CITY-ST-ZIP	31742	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CHOMICKI, JOHN		5.2 NAME		
STREET ADDRESS	1716 WICKERSHAM DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ President 2/28/98