2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State
03-16-2004 90036 008 ****61.25

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1. Entity Name
ISLA BLANCA TOWNHOUSE OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ISLA BLANCA 17 501 GULF SHORE DR DESTIN, FL 32541 US	P O BOX 5211 DESTIN, FL 32540 US

94030193

03082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

KILPATRICK, JOE — DECEASED, NEW AGENT:
501 GULF SHORE DR 17
DESTIN, FL 32541
Jim McDonnell
501 GULFSHORE #7
DESTIN, FL 32541

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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 Jim McDonnell Jim McDonnell 850-650-3092 3/11/04
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, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TALIAFERRO, JOHN
STREET ADDRESS	501 GULFSHORE DR 15
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	VD
NAME	THOMAS, ELIZABETH
STREET ADDRESS	6724 VANDERBILT
CITY-ST-ZIP	HOUSTON, TX 77005
TITLE	D
NAME	ROGERS, LILLIAN
STREET ADDRESS	1810 KENSINGTON
CITY-ST-ZIP	BIRMINGHAM, AL 35209
TITLE	D
NAME	STANFORD, TARRY
STREET ADDRESS	706 EVERGREEN RD
CITY-ST-ZIP	LOUISVILLE, KY 40223
TITLE	D
NAME	MCDONNELL, JIM
STREET ADDRESS	619 WILLOWHURST PLACE
CITY-ST-ZIP	LOUISVILLE, KY 40223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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: James M McDonnell James M McDonnell 3/11/04 850-650-3092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #