

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733702

FILED  
Mar 13, 2008  
Secretary of State

**Entity Name:** ISLA BLANCA TOWNHOUSE OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

ISLA BLANCA 17  
501 GULF SHORE DR  
DESTIN, FL 32541 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 5211  
DESTIN, FL 32540 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCDONNELL, JIM  
501 GULF SHORE #7  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TALIAFERRO, JOHN  
Address: 501 GULF SHORE DR 15  
City-St-Zip: DESTIN, FL 32541

Title: VD ( ) Delete  
Name: THOMAS, ELIZABETH  
Address: 6724 VANDERBILT  
City-St-Zip: HOUSTON, TX 77005

Title: D ( ) Delete  
Name: ROGERS, LILLIAN  
Address: 1810 KENSINGTON  
City-St-Zip: BIRMINGHAM, AL 35209

Title: D ( ) Delete  
Name: STANFORD, TARRY  
Address: 706 EVERGREEN RD  
City-St-Zip: LOUISVILLE, KY 40223

Title: D ( ) Delete  
Name: MCDONNELL, JIM  
Address: 619 WILLOWHURST PLACE  
City-St-Zip: LOUISVILLE, KY 40223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN TALIAFERRO

P

03/13/2008

Electronic Signature of Signing Officer or Director

Date