

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90068 026 ****61.25

DOCUMENT # 733702

1. Entity Name

ISLA BLANCA TOWNHOUSE OWNERS' ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

**P O BOX 5211
DESTIN FL 32540
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
501 GULF SHORE DR 17
DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: *Jim McDonnell* **RECEIVED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03 502-426-8503

CR2E037 (10/02)