

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90109 022 ****61.25

DOCUMENT # 744133

1. Entity Name

ISLANDWOOD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**354 BILLFISH AVE., #201
 FT. WALTON BEACH FL 32548**

**P.O. BOX 8084
 FT. WALTON BEACH FL 32549**

2. Principal Place of Business

3. Mailing Address

354 BILLFISH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. WALTON BEACH FL

Zip

Country

Zip

Country

32548

USA

4. FEI Number

59-3033601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EWING, SCOTT E
 354 BILLFISH AVENUE
 UNIT 201
 FT. WALTON BEACH FL 32548**

Name

BERNARD F. TRUDEAU

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

107 CRISTINE COURT

City

NICEVILLE

FL

Zip Code

32578

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: Bernard F. Trudeau **BERNARD F. TRUDEAU Pres. 9-11-02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
 NAME **EWING, SCOTT E**
 STREET ADDRESS **354 BILLFISH AVENUE #201**
 CITY-ST-ZIP **FT. WALTON BEACH FL 32548**

TITLE **P/T/D** ☐ Change ☒ Addition
 NAME **BERNARD F. TRUDEAU**
 STREET ADDRESS **107 CRISTINE COURT**
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **TD** ☒ Delete
 NAME **WEBB, WENDY**
 STREET ADDRESS **354 BILLFISH AVE #201**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **V/D** ☐ Change ☒ Addition
 NAME **BARBARA MOORE**
 STREET ADDRESS **354 BILLFISH AVE #102**
 CITY-ST-ZIP **FT WALTON BEACH, FL 32548**

TITLE **TD** ☐ Delete
 NAME **BROWNE, ELAINE**
 STREET ADDRESS **4114 SIDEBURN ROAD**
 CITY-ST-ZIP **FAIRFAX VA 22030**

TITLE **V** ☒ Change ☐ Addition
 NAME **ELAINE BROWNE**
 STREET ADDRESS **25 HAMLIN DR.**
 CITY-ST-ZIP **FREDRICKSBURG VA 22405**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **SHIRLEY HALL**
 STREET ADDRESS **426 MARIETTA ST, NW, LOFT 502**
 CITY-ST-ZIP **ATLANTA GA 30313**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
 NAME **JOYCE KAIN**
 STREET ADDRESS **302 VAUGH ST**
 CITY-ST-ZIP **FT WALTON BEACH FL 32548**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Bernard F. Trudeau **9-11-02 950-997-5882**

CR2E037 (4/02)