2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State
08-16-2004 90012 011 ****70.00

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DOCUMENT # 744133

1. Entity Name
ISLANDWOOD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
354 BILLFISH AVE. FT. WALTON BEACH, FL 32548	P.O. BOX 8084 FT. WALTON BEACH, FL 32549

08112004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.: Suite 200
City & State	City & State: Niceville Fl
Zip / Country	Zip: 32578 Country: 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

TRUDEAU, BERNARD F
107 CRISTINE COURT
NICEVILLE, FL 32578

7. Name and Address of New Registered Agent

Name: Ann Haley
Street Address (P.O. Box Number is Not Acceptable): 106 Linda Ct
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: Ann Haley 8/10/04
(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 September 8, 2004

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	PTD TRUDEAU, BERNARD F 107 CRISTINE COURT NICEVILLE, FL 32578	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DIANA AHO 55 Country Club Rd Shalimar Fl 32548	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MOORE, BARBARA 354 BILLFISH AVE # 102 FORT WALTON BEACH, FL 32548	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Barbara Moore 354 Billfish #102 Fort Walton Beach Fl 32548	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BROWNE, ELAINE 25 HAMLIN DR FREDERICKSBURG, VA 22405	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Carol Gagliardi 354 Billfish #209 Fort Walton Beach, Fl 32548	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALL, SHIRLEY 426 MARIETTA ST NW LOFT 502 ATLANTA, GA 30313	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Becky Danacher 354 Billfish # 203 Fort Walton Beach, Fl 32548	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KAIN, JOYCE 302 VAUGH ST FORT WALTON BEACH, FL 32548	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AD Ann Haley 106 Linda Ct Niceville Fl 32578	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Ann Haley Ann Haley 8/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #