


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 744133		
1. Entity Name ISLANDWOOD CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 354 BILLFISH AVE. FT. WALTON BEACH, FL 32548	Mailing Address 1950 BLUEWATER BLVD STE 200 NICEVILLE, FL 32578	



DO NOT WRITE IN THIS SPACE

04262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3033601	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HALEY, ANN 106 LINDA CT NICEVILLE, FL 32578	DO NOT WRITE IN THIS SPACE
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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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when rehashing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AHO, DIANA 55 COUNTRY CLUB RD SHALIMAR, FL 32548
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MOORE, BARBARA 354 BILLFISH AVE # 102 FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GAGLIARDI, CAROL 354 BILLFISH 1 H 209 FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DANACHER, BECKY 354 BILLFISH # 203 FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HALEY, ANN 106 LINDA CT NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000343829
04/29/05-80108-022 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Mandy VD 4/26/05 850 897 3614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #