

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744133

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** ISLANDWOOD CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

354 BILLFISH AVE.  
FT. WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

1940 BLUEWATER BLVD  
#11  
NICEVILLE, FL 32578

**New Mailing Address:**

905 LAUDERHILL LANE  
FORT WALTON BCH, FL 32547

**FEI Number:** 59-3033601

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HALEY, ANN  
106 LINDA CT  
NICEVILLE, FL 32578 US

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

BRANNON, CHRIS  
905 LAUDERHILL LANE  
FORT WALTON BCH, FL 32547 US

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: CHRIS BRANNON

04/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: AHO, DIANA  
Address: 55 COUNTRY CLUB RD  
City-St-Zip: SHALIMAR, FL 32548

Title: VP ( ) Delete  
Name: GAGLIARDI, CAROL  
Address: 354 BILLFISH 1 H 209  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: S/T ( ) Delete  
Name: DANACHER, BECKY  
Address: 354 BILLFISH # 203  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VD (X) Delete  
Name: HALEY, ANN  
Address: 106 LINDA CT  
City-St-Zip: NICEVILLE, FL 32578

**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:

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: DIANA AHO

P/D

04/23/2009

Electronic Signature of Signing Officer or Director

Date