FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **755295** **(3)**

1. Corporation Name

ISLAND-WIND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
375 BLUEFISH DRIVE
PO BOX 4032
FT WALTON BEACH FL 32549

Mailing Address
375 BLUEFISH DRIVE
PO BOX 4032
FT WALTON BEACH FL 32549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/25/1980
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-2871686 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P. O. BOX 386
Suite, Apt #, etc
27 FORT WALTON BEACH, FL.
City & State
28 32549
Zip 29 Country 30 OKALOOSA

9. Name and Address of Current Registered Agent

~~LAYTON, FELIX~~
~~41 LAKEWOOD ST~~
~~MARY ESTHER FL 32569~~

10. Name and Address of New Registered Agent

81 Name: FRANCES S. LUTHER
82 Street Address (P.O. Box Number is Not Acceptable): ~~201 HOLLYWOOD BLVD. N.E.~~
83 FORT WALTON BEACH, FL. 32548
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/28/95
Typed or printed name of registered agent and the title of officer — Registered Agent Signature (required after resignation) — DATE

12. OFFICERS AND DIRECTORS

TITLE	~~STD~~
NAME	~~LAYTON, FELIX~~
STREET ADDRESS	~~41 LAKEWOOD ST~~
CITY ST ZIP	~~MARY ESTHER FL~~
TITLE	PD
NAME	GRIM, HARRY
STREET ADDRESS	406 HOLMES BLVD.
CITY ST ZIP	FT. WALTON BEACH FL 32548
TITLE	~~VD~~
NAME	~~WOLNIEWICZ, PETER F.~~
STREET ADDRESS	~~108 WOODBINE CIRCLE~~
CITY ST ZIP	~~FT. WALTON BEACH FL~~
TITLE	VPD
NAME	BRUCE GRAVES
STREET ADDRESS	1171 BAY SHORE DR
CITY ST ZIP	VALPARISO, FL 32580
TITLE	D
NAME	STEVEN RASMUSSEN
STREET ADDRESS	310 GLEN RIVER WAY
CITY ST ZIP	ALPHARETTA, GA 30202
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	S T — X Change ☐ Addition
12 NAME	FRANCES S LUTHER
13 STREET ADDRESS	201 HOLLYWOOD BLVD. N.E.
14 CITY ST ZIP	FORT WALTON BEACH, FL 32548
21 TITLE	X Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	32548
31 TITLE	VPD — X Change X Addition
32 NAME	BRUCE GRAVES
33 STREET ADDRESS	1171 BAY SHORE DR.
34 CITY ST ZIP	VALPARISO, FL. 32580
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	D — ☐ Change X Addition
62 NAME	STEVE RASMUSSEN
63 STREET ADDRESS	310 GLEN RIVER WAY
64 CITY ST ZIP	ALPHARETTA, GA. 30202

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. Further certify that the information indicated on this annual report or supplemental annual 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 Apr 95 — Date
(904) 244-6114 — Daytime Phone #

0072026