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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

07-25-2001 90033 001 *****8.75
07-25-2001 90033 002 ****61.25

DOCUMENT # 755295

1. Entity Name

ISLAND-WIND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
375 BLUEFISH DRIVE PO BOX 4032 FT WALTON BEACH FL 32549	P. O. BOX 4032 PO BOX 4032 FORT WALTON BEACH FL 32549 US

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-2871686 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIM, HARRY J.
202 ANGEL FISH AVE., #4
FT. WALTON BCH,FL
FORT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name: Carolyn D. Pigott
Street Address (P.O. Box Number is Not Acceptable): 5312 Constitution Road
City: Crestview FL Zip Code 32539

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.

SIGNATURE Carolyn D. Pigott Carolyn D. Pigott/ President 7/17/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 12, 2001, 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 NAME GRIM, HARRY STREET ADDRESS 2801 JERRY PATE CT CITY-ST-ZIP SHALIMAR FL 32579	☑ Delete	TITLE PD President/Treasurer NAME Carolyn D. Pigott STREET ADDRESS 5312 Constitution Road CITY-ST-ZIP Crestview, Fl 32539	☑ Change ☐ Addition
TITLE ST NAME GRIM, DARLEEN STREET ADDRESS 2801 JERRY PATE CT CITY-ST-ZIP SHALIMAR FL 32579	☑ Delete	TITLE ST Secretary NAME Margaret Naylor STREET ADDRESS 375 Bluefish #102 CITY-ST-ZIP Ft. Walton Beach, FL 32548	☑ Change ☐ Addition
TITLE D NAME PIGOTT, CAROLYN STREET ADDRESS 5312 CONSTITUTION RD CITY-ST-ZIP CRESTVIEW FL 32539	☐ Delete	TITLE D Vice Pres. NAME Jay Ghosh STREET ADDRESS 902 Avalon Lane CITY-ST-ZIP Shalimar, FL 32579	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/01)

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: Carolyn D Pigott REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment Doc # 755295

774666

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 26, 200

ISLAND-WIND CONDOMINIUM ASSOCIATION, INC.
P. O. BOX 4032
PO BOX 4032
FORT WALTON BEACH, FL 32549 US

Subject: **ISLAND-WIND CONDOMINIUM ASSOCIATION, INC.**

Reference Number: **755295**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

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ANNUAL REPORTS SECTION