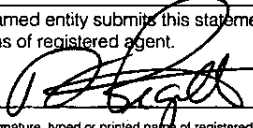
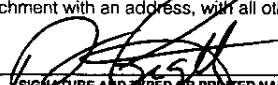


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90402 048 ****61.25

DOCUMENT # 755295 1. Entity Name ISLAND-WIND CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 375 BLUEFISH DRIVE PO BOX 4032 FT WALTON BEACH FL 32549			Mailing Address P. O. BOX 4032 PO BOX 4032 FORT WALTON BEACH FL 32549 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2871686	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIGOTT, CAROLYN D 5312 CONSTITUTION RD CRESTVIEW FL 32539			7. Name and Address of New Registered Agent Name Bruce M. Pigott Street Address (P.O. Box Number is Not Acceptable) 5312 Constitution Rd. Crestview 32539 City FL Zip Code		
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  PRESIDENT / DIR. DATE 4-30-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 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 PIGOTT, CAROLYN 5312 CONSTITUTION RD CRESTVIEW FL 32539	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres/Dir Bruce M. Pigott 5312 Constitution Rd Crestview, Fl. 32539	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STACY, JANICE K 375 BLUEFISH #204 FORT WALTON BEACH FL 32548	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP / Dir Jon Singleton 4496 White Rd Pace, Fl. 32571	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GHOSH, JAY 902 AVALON LN SHALIMAR FL 32579	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Treas/Dir Carolyn D. Pigott 5312 Constitution Rd Crestview, Fl. 32539	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OGDEN, PAMELA 375 BLUEFISH 104 FORT WALTON BEACH FL 32548	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Tamara Thompson 821 Linda Drive Mary Esther, Fl. 32569	☒ 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	
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:  PRESIDENT / DIR			Date 4-30-04 Daytime Phone # 850-689-2021		

94078203



MOORE CR2E037 (11/03)

Applied For
Not Applicable