

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755295

FILED
Mar 14, 2006
Secretary of State

Entity Name: ISLAND-WIND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

375 BLUEFISH DRIVE
FT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

4496 WHITE RD.
PACE, FL 32571 US

New Mailing Address:

902 AVALON LN
SHALIMAR, FL 32579 US

FEI Number: 59-2871686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGLETON, JONATHAN R
4496 WHITE RD.
PACE, FL 32571 US

Name and Address of New Registered Agent:

WEMYSS, ALAN
902 AVALON LN
SHALIMAR, FL 32579 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: ALAN WEMYSS

03/14/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SINGLETON, JONATHAN R
Address: 4496 WHITE RD.
City-St-Zip: PACE, FL 32571

Title: VPD () Delete
Name: NAYLOR, MARGARET
Address: 312 MAIN ST
City-St-Zip: DESTIN, FL 32541

Title: STD () Delete
Name: SINGLETON, LEE A
Address: 4496 WHITE RD.
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: THOMPSON, TAMARA
Address: 821 LINDA DRIVE
City-St-Zip: MARY ESTHER, FL 32569

Title: D () Delete
Name: LAHAIR, DANUTA
Address: 1770 GRIER RD.
City-St-Zip: WETUMPKA, AL 36092

Title: D () Delete
Name: HALE, SAMUEL
Address: 1062 COUNTY RD. 2
City-St-Zip: BOAZ, AL 35957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WEMYSS, ALAN
Address: 902 AVALON LN
City-St-Zip: SHALIMAR, FL 32579

Title: VPD (X) Change () Addition
Name: MARSHALL, JAMES
Address: 109 LISA MARIE PLACE
City-St-Zip: SHALIMAR, FL 32579

Title: STD (X) Change () Addition
Name: WEMYSS, MELISSA
Address: 902 AVALON LN
City-St-Zip: SHALIMAR, FL 32579

Title: D (X) Change () Addition
Name: KRULJAC, MICHAEL
Address: 105 BELMONT PLACE
City-St-Zip: ROSWELL, GA 30076

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 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: ALAN WEMYSS

PD

03/14/2006

Electronic Signature of Signing Officer or Director

Date