

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755295

FILED
Mar 06, 2007
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:

902 AVALON LN
SHALIMAR, FL 32579 US

New Mailing Address:

FEI Number: 59-2871686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEMYSS, ALAN
902 AVALON LN
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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: () 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:

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: MELISSA WEMYSS

STD

03/06/2007

Electronic Signature of Signing Officer or Director

Date