2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# 755295

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 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 03/23/2009

Electronic Signature of Signing Officer or Director — Date