

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90259 015 ****61.25

DOCUMENT # 766798

1. Entity Name
ISLAND SANDS CONDOMINIUM ASSOCIATION, INC. OF
FORT WALTON BEACH



Principal Place of Business
862 SCALLOP COURT
FORT WALTON, FL 32548

Mailing Address
PO BOX 4453
FT WALTON BEACH, FL 32549

50000112



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 515

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Ft. Walton Beach, FL

01082007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1775514

Applied For
Not Applicable

Zip

Country

Zip

32549

Country

OKaloosa

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAHE, THEODORE D
202 ANGELFISH
FT WALTON BEACH, FL 32548

7. Name and Address of New Registered Agent

Name Elizabeth A. Clark
Street Address (P.O. Box Number is Not Acceptable)
810 NE Eglin Parkway, Unit 10
City Ft Walton Beach FL Zip Code 32547

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 Elizabeth A. Clark

1-8-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE P ☐ Delete
NAME DELAUNE, ARTHUR
STREET ADDRESS 19438 TICE RD
CITY-ST-ZIP COVINGTON, LA 70436

TITLE T ☐ Delete
NAME LINDSEY, MIKE
STREET ADDRESS 509 ABBEYWOOD DR.
CITY-ST-ZIP CARY, IL 60013

TITLE S ☐ Delete
NAME BROWN, DENNIS
STREET ADDRESS 4875 KING VALLEY DRIVE
CITY-ST-ZIP ROSWELL, GA 30075

TITLE V ☐ Delete
NAME WEICHT, BUCK
STREET ADDRESS 1768 FONTAINE DR.
CITY-ST-ZIP JONESBORO, GA 30236

TITLE D ☒ Delete
NAME SMOAK, LISA
STREET ADDRESS 6510 LITTLE MILL RD
CITY-ST-ZIP GAINESVILLE, GA 30506

TITLE A/S ☒ Delete
NAME RAHE, THEODORE D
STREET ADDRESS 202 ANGELFISH
CITY-ST-ZIP FT WALTON BEACH, FL 32548

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice President ☐ Change ☒ Addition
NAME Linda Griffin
STREET ADDRESS 862 Scallop Ct., Unit 201
CITY-ST-ZIP Ft Walton Beach, FL 32548

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: A. E. Delaune

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #