

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

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90252 039 ****61.25

DOCUMENT # N03840

1. Entity Name

ISLAND ISLA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

DEAN C CRANE
328 SUDDUTH CR. NE
FT WALTON BEACH FL 32548
US

Mailing Address

DEAN C. CRANE
328 SUDDUTH CR. NE
FT. WALTON BEACH FL 32548
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2436930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRANE, DEAN C.
328 SUDDUTH CIRCLE, NW
FT. WALTON BEACH FL 32548

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 PD ☐ Delete
NAME CRANE, DEAN C
STREET ADDRESS 328 SUDDUTH CR NE
CITY-ST-ZIP FT. WALTON BCH FL

TITLE D ☐ Change ☒ Addition
NAME KAREN R. CRANE
STREET ADDRESS 805 HOLBROOK CIRCLE
CITY-ST-ZIP FT. WALTON BEACH, FL 32548

TITLE STD ☐ Delete
NAME RABELL, FRANK
STREET ADDRESS 328 SUDDUTH CR NE
CITY-ST-ZIP FT. WALTON BCH FL

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

TITLE D ☒ Delete
NAME CRANE, DOROTHY
STREET ADDRESS 328 SUDDUTH CR NE
CITY-ST-ZIP FT. WALTON BEACH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04

Date

(850)
428-0660

Daytime Phone #