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NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Moriam
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 13 1997 8:00am
Secretary of State

DOCUMENT # N96000001792 (8)

1. Corporation Name

ISLAND WINDS OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

112 EAST THIRD COURT
PANAMA CITY FL 32401

112 EAST THIRD COURT
PANAMA CITY FL 32401-3103

2. Principal Place of Business

2a. Mailing Address

21 17643 Front Beach Rd.

26 17644 Front Beach Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 Panama City Bch., FL

28 Panama City Bch., FL

Zip

Country

Zip

Country

24 32413

25

29 32413

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENNETT, DERRICK
112 EAST THIRD COURT
PANAMA CITY FL 32401

81 Name

Stephens, Larry W.

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

17644 Front Beach Rd.

83

84 City

Panama City Bch.,

FL

85 Zip Code

32413

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
WOODHAM, WENDELL W
STREET ADDRESS
ROUTE 2, BOX 75
CITY-ST-ZIP
GRACEVILLE FL 32440

TITLE ☐ DELETE

NAME
WOODHAM, PATSY J
STREET ADDRESS
ROUTE 2, BOX 75
CITY-ST-ZIP
GRACEVILLE FL 32440

TITLE ☐ DELETE

NAME
WOODHAM, ROBERT K
STREET ADDRESS
ROUTE 2, BOX 75
CITY-ST-ZIP
GRACEVILLE FL 32440

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE

CR2E037 (9/96)

6-13-97

SK Dep 6-1-25