FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N96000001792 (8)

ISLAND WINDS OWNERS ASSOCIATION, INC.

FILED Apr 14 1998 8:00am Secretary of State

Principal Place of Business Mailing Address		Mailing Address	•	E AMBITUSE BIR TÜTTÜ BATAL ODIAL ORINI BORUL OBISI DASON HIDIA YADDA YONG ANDL
17644 FRONT BEACH ROAD 17644 FRONT BEACH ROAD				3. Date Incorporated or Qualified
PANAMA CITY BEACH FL 32413 PANAMA CITY BEACH FL 3241			413	04/03/1996
US		U\$		4. FEI Number Applied For
				59-3398491 Not Applicable
2. Principal P	lace of Business	2a. Mailing Address 26		Certificate of Status Desired
I Sulte. Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22		27		Trust Fund Contribution Added to Fees
City & Stat		City & State		7. Is this nonprofit corporation a horneowners association? Yes No
Zip	Country	Zip	Country	This corporation owes or has paid the current year Intangible
24	25 25 Name and Address of Curre	29 34	0	Personal Property Tax due June 30. X Yes No 10, Name and Address of New Registered Agent
	y, Haine and Address of Curre	aur Magistalan Ağanı	81 Name	
CTEDUENIC LADOV				,
STEPHENS, LARRY 17644 FRONT BEACH ROAD			82 Street	Address (P.O. Box Number is Not Acceptable)
PANAMA CITY BEACH FL 32413			83	
Francisco	CONT BEACHTE 32413			
			84 City	FL 85 Zip Code
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 locard of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
1 , 1 9				-
SIGNATURE Signature, hyped or winted name of registered agent and lifto it applicable (NOTE: Registered agent and lifto it applicable)				required when reindulting) DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	□ DELETE	1.1 TITLE	P Addition
NAME	WOODHAM, WENDELL W	ļ	1.2 NAME	VIGUE, PHYLLIS
STREET ADDRESS	ROUTE 2, BOX 75	l	1.3 STREET ADDRESS	BOX 28 CHERRY LOG, GA 30522
CITY-ST-ZIP	GRACEVILLE FL 32440	☑ DELETE	1.4 CITY - ST - ZIP	V XX Change Addition
TITLE NAME	WOODHAM, PATSY J	C Decert	2.1 TITLE 2.2 NAME	DUMMET, BILL
STREET ADDRESS	ROUTE 2, BOX 75	ļ	2.2 NAME 2.3 STREET ADDRESS	6312 COMPTON RD.
CITY-ST-ZIP	GRACEVILLE FL 32440	l	2.4 CITY-ST-ZIP	ROCKMART, GA 30153
TITLE	D	≥ DELETE	3.1 TITLE	D XX Change Addition
NAME	WOODHAM, ROBERT K	ļ	3.2 NAME	MCMICHEN, TIM
STREET ADDRESS	ROUTE 2, BOX 75	ļ	3.3 STREET ADDRESS	7582 HOLLY SPRINGS RD.
CITY-ST-ZIP	GRACEVILLE FL 32440	l	3.4. CITY-ST-ZIP	ROCKMART, GA 30152
TITLE		☐ DELETE	4.1 TITLE	S Change X Addition
NAME			4. 2 NAME	STEPHENS, TERESA
STREET ADDRESS		l l	4.3 STREET ADDRESS	17644 FRONT BEACH RD.
CITY-ST-ZIP			4.4 CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
TITLE		☐ DELETE	5.1 TITLE	D Change X Addition ROGERS, RON
NAME			E O MARIE	MOODING MON

14. 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 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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

2795 ROLLING VIEW DR.

JONESBORO, GA 30236

VOGLER, RALPH

3121 W 21st COURT

PANAMA CITY, FL

4-10-98

DELETE

X Addition

Change