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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001792

1. Corporation Name

ISLAND WINDS OWNERS ASSOCIATION, INC.

Principal Place of Business

**17644 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32413
US**

Mailing Address

**17644 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32413
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/03/1996

4. FEI Number

59-3398491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**STEPHENS, LARRY
17644 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32413**

10. Name and Address of New Registered Agent

81 Name

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

83

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 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

TITLE **P** ☐ DELETE

NAME **VIGUE, PHYLLIS**
STREET ADDRESS **BOX 28**
CITY-ST-ZIP **CHERRY LOG GA 30522**

TITLE **V** ☐ DELETE

NAME **DUMMET, BILL**
STREET ADDRESS **6312 COMPTON RD**
CITY-ST-ZIP **ROCKMART GA 30153**

TITLE **D** ☐ DELETE

NAME **MCMICHEN, TIM**
STREET ADDRESS **7582 HOLLY SPRINGS RD**
CITY-ST-ZIP **ROCKMART GA 30152**

TITLE **S** ☐ DELETE

NAME **STEPHENS, TERESA**
STREET ADDRESS **17644 FRONT BEACH RD**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32413**

TITLE **D** ☒ DELETE

NAME **ROGERS, ROM**
STREET ADDRESS **2795 ROLLINGS VIEW DR**
CITY-ST-ZIP **JONEBORO GA 30236**

TITLE **D** ☒ DELETE

NAME **VOGLER, ROALP**
STREET ADDRESS **3121 2W 21ST COURT**
CITY-ST-ZIP **PANAMA CITY FL 32405**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 **DUMMET, BILL**
2.3 STREET ADDRESS **221 COMPTON RD.**
2.4 CITY-ST-ZIP **ROCKMART, GA 30153**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **MCMICHEN, TIM**
3.3 STREET ADDRESS **2297 HOLLY SPRINGS RD.**
3.4 CITY-ST-ZIP **ROCKMART, GA 30153**

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 **CANNON, BILL**
5.3 STREET ADDRESS **5268 LAKE CARLTON RD.**
5.4 CITY-ST-ZIP **LOGANVILLE, GA 30249**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **THOMPSON, ROBERT**
6.3 STREET ADDRESS **RT. 1 BOX 186**
6.4 CITY-ST-ZIP **SKIPPERVILLE, AL 36374**

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, with all other like empowered.

SIGNATURE: *Larry Stephens* **SIGNATURE REQUIRED** *Teresa A. Stephens* **2-16-99 850-234-7772**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)