

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001792

1. Entity Name

ISLAND WINDS OWNERS ASSOCIATION, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90070 025 ****61.25

Principal Place of Business

17644 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32413
US

Mailing Address

17644 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32413-1900
US

2. Principal Place of Business

17643 FRONT BEACH ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY BEACH FL 32413

City & State

PANAMA CITY BEACH FL 32413

4. FEI Number

59-3398491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME VIGUE, PHYLLIS
STREET ADDRESS BOX 28
CITY-ST-ZIP CHERRY LOG GA 30522 ☐ Delete

TITLE V
NAME DUMMET, BILL
STREET ADDRESS 221 COMPTON RD
CITY-ST-ZIP ROCKMART GA 30153 ☐ Delete

TITLE D
NAME MCMICHEN, TIM
STREET ADDRESS 7582 HOLLY SPRINGS RD
CITY-ST-ZIP ROCKMART GA 30152 ☐ Delete

TITLE S
NAME STEPHENS, TERESA
STREET ADDRESS 17644 FRONT BEACH RD
CITY-ST-ZIP PANAMA CITY BEACH FL 32413 ☐ Delete

TITLE D
NAME CANNON, BILL
STREET ADDRESS 5268 LAKE CARLTON RD
CITY-ST-ZIP LOGANVILLE GA 30249 ☐ Delete

TITLE D
NAME THOMPSON, ROBERT
STREET ADDRESS RT 1 BX 186
CITY-ST-ZIP SKIPPERVILLE AL 36374 ☐ Delete

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

TITLE D ☒ Change ☐ Addition
NAME BROWN, KENT
STREET ADDRESS 2807 DUNAWAY DR.
CITY-ST-ZIP ALBANY, GA 31707

TITLE D ☒ Change ☐ Addition
NAME SEGDA, RITA
STREET ADDRESS 17643 FRONT BEACH RD #201
CITY-ST-ZIP PANAMA CITY BCH., FL 32413

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 SIGNED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-00
Date

850-243-7776
Daytime Phone #

CR2E037 (9/99)