

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001792

1. Entity Name

ISLAND WINDS OWNERS ASSOCIATION, INC.

Principal Place of Business

17643 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VIGUE, PHYLLIS BOX 28 CHERRY LOG GA 30522 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUMMET, BILL 221 COMPTON RD ROCKMART GA 30153 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMICHEN, TIM 7582 HOLLY SPRINGS RD ROCKMART GA 30152 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEPHENS, TERESA 17644 FRONT BEACH RD PANAMA CITY BEACH FL 32413 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, KENT 2807 DUNAWAY DR ALBANY GA 31707 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGDA, RITA 17643 FRONT BEACH RD #201 PANAMA CITY BEACH FL 32413 <input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CANNON, DARLENE 5268 LAKE CARLTON RD LOGANVILLE, GA 30249 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNON, JIMMY 557 COLE RD. LILBURN, GA 30047 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, WILLIAM RT. 1 BOX 186 SKIPPERVILLE, AL 36374 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, RON 2202 CARRINGTON PARK JONESBORO, GA 30236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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

3-12-01 960-234-7772

Date

Daytime Phone #

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90025 032 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)