

# 2002 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 P  
NAME VIGUE, PHYLLIS  
STREET ADDRESS BOX 28  
CITY-ST-ZIP CHERRY LOG GA 30522 ☐ Delete

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

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

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

TITLE D  
NAME CANNON, JIMMY  
STREET ADDRESS 557 COLE RD  
CITY-ST-ZIP LILBURN GA 30047 ☒ Delete

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

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

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

TITLE D  
NAME THOMPSON, WILLIAM  
STREET ADDRESS RR 1 BOX 186  
CITY-ST-ZIP SKIPPERVILLE AL 36374 ☐ Delete

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

TITLE D  
NAME ROGERS, DON  
STREET ADDRESS 2202 CARRINGTON PARK  
CITY-ST-ZIP JONESBORO GA 30236 ☐ Delete

TITLE D  
NAME ROGERS, RON  
STREET ADDRESS 8499 EDGEWATER COVE  
CITY-ST-ZIP JONESBORO, GA 30236 ☒ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02

850-234-7772

Date

Daytime Phone #

FILED  
May 05, 2002 8:00 am  
Secretary of State

05-05-2002 90085 031 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)