

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90142 002 ****61.25

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Larry Stephens
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **BEAUCHAMIN, CAM**
CITY-ST-ZIP **225 EMERALD COAST BLVD
PANAMA CITY, FL 32407**

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

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

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

TITLE ☒ Change ☐ Addition
NAME **V**
STREET ADDRESS **LAND, PAT**
CITY-ST-ZIP **2421 CO RD 42
JEMISON, AL 35085**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ROGERS, DON**
CITY-ST-ZIP **8499 EDGEWATER COVE
JONESBORO GA 30236**

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

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: *Larry Stephens*

4-8-04 850-234-7772

CR2E037 (10/02)