

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90425 034 ****61.25

DOCUMENT # 752653



1. Entity Name
 'INEHURST TOWNHOMES CONDOMINIUM OWNERS'
 ASSOCIATION, INC.

Principal Place of Business
 3713 EDGEWATER DRIVE
 SEBRING, FL 33872-2035 US

Mailing Address
 3713 EDGEWATER DRIVE
 SEBRING, FL 33872-2035 US

94064117



2. Principal Place of Business
 3705 EDGEWATER DR

3. Mailing Address
 P.O. Box 8053

04142004 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 SEBRING, FL

City & State
 SEBRING, FL

4. FEI Number
 59-2122411

Applied For
 Not Applicable

Zip
 33872

Country
 HIGHLANDS

Zip
 33872

Country
 HIGHLANDS

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUTH K DAVIS, INC
 1981 US 27 SOUTH
 SEBRING, FL 33870

7. Name and Address of New Registered Agent

Name
 SCOTT BRADLEY

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

3705 EDGEWATER DR

City
 SEBRING

FL

Zip Code
 33872

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

SCOTT L. BRADLEY

21 APRIL, 2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
 Due by May 1, 2004

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

TITLE PD
 NAME HAGELE, PAUL Delete
 STREET ADDRESS 3717 EDGEWATER DR
 CITY-ST-ZIP SEBRING, FL 33872

TITLE VD
 NAME DORAN, NED Delete
 STREET ADDRESS 3715 EDGEWATER DR
 CITY-ST-ZIP SEBRING, FL 33872

TITLE ST
 NAME SACHETTIE, DONNA Delete
 STREET ADDRESS 3701 EDGEWATER DR
 CITY-ST-ZIP SEBRING, FL 33872

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ST Change Addition
 NAME KINSLEY, DOROTHY
 STREET ADDRESS 3705 EDGEWATER DR.
 CITY-ST-ZIP SEBRING, FL 33872

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD Change Addition
 NAME SACHETTIE, DONNA
 STREET ADDRESS 3701 EDGEWATER DR.
 CITY-ST-ZIP SEBRING, FL 33872

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

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
 Date: April 21/04
 Daytime Phone #: 863-385-9307