SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 9:21

DOCUMENT # **754764** **(9)**

1. Corporation Name

INLET VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1915 N.E. RICOU TERRACE JENSEN BEACH FL 34957	1915 N.E. RICOU TERRACE JENSEN BEACH FL 34957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1980
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2058362 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 65	26 P.O. Box 65
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jensen Beach, FL	City & State 28 Jensen Beach, FL
Zip 24 34958 Country 25	Zip 29 34958 Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FORTE, LORRAINE H 1274 NE BUSINESS PARK PLACE JENSEN BEACH FL 34957	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	11 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, W OWEN	12 NAME	
STREET ADDRESS	39 SEAVIEW AVE	13 STREET ADDRESS	
CITY-ST-ZIP	MADISON CT	14 CITY-ST-ZIP	
TITLE	DS	21 TITLE	☐ Change ☐ Addition
NAME	STRATTON, WILLIAM R	22 NAME	
STREET ADDRESS	31825 BAYVIEW DRIVE, 92	23 STREET ADDRESS	
CITY-ST-ZIP	AVON LAKE OH	24 CITY-ST-ZIP	
TITLE	DP	31 TITLE	☐ Change ☐ Addition
NAME	WALDRON, DR. ROBERT	32 NAME	
STREET ADDRESS	P.O. BOX 902, NA	33 STREET ADDRESS	
CITY-ST-ZIP	NORMANDY BCH. NJ	34 CITY-ST-ZIP	
TITLE	DT	41 TITLE	☐ Change ☐ Addition
NAME	EPPINGER, JOHN	42 NAME	
STREET ADDRESS	749 BAIR ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	BERWYN PA	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DISANGRO, JOHN	52 NAME	
STREET ADDRESS	7 KETTERING RD	53 STREET ADDRESS	
CITY-ST-ZIP	NORWOOD MA	54 CITY-ST-ZIP	
TITLE	SD	61 TITLE	☐ Change ☐ Addition
NAME	HEUGH, WILLIAM	62 NAME	
STREET ADDRESS	20 NE PLANTATION RD	63 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Waldron 6/7/94 407-334-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017177