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Apr 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 754764 (9)

1. Corporation Name

INLET VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P O BOX 65
JENSEN BEACH FL 34958
US

P O BOX 65
JENSEN BEACH FL 34958-0065
US

3. Date Incorporated or Qualified
10/22/1980

3a. Date of Last Report
04/12/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☒ No ☐

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV
NAME GRAHAM, W OWEN
STREET ADDRESS 39 SEAVIEW AVE
CITY-ST-ZIP MADISON CT

DELETE

TITLE DS
NAME STRATTON, WILLIAM R
STREET ADDRESS 31825 BAYVIEW DRIVE, 92
CITY-ST-ZIP AVON LAKE OH

DELETE

TITLE DP
NAME WALDRON, DR. ROBERT
STREET ADDRESS P.O. BOX 902, NA
CITY-ST-ZIP NORMANDY BCH. NJ

DELETE

TITLE DT
NAME EPPINGER, JOHN
STREET ADDRESS 749 BAIR ROAD
CITY-ST-ZIP BERWYN PA

DELETE

TITLE D
NAME LENDICREN, JOHN
STREET ADDRESS 21 PROSPECT ST
CITY-ST-ZIP SHREWSBURY MA

DELETE

TITLE SD
NAME HEUGH, WILLIAM
STREET ADDRESS 20 NE PLANTATION RD
CITY-ST-ZIP STUART FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do 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 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.

CP2E037 (9/96)