


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 P O BOX X65 JENSEN BEACH FL 34958 US	Mailing Address P O BOX 65 JENSEN BEACH FL 34958 US
--	---

3. Date Incorporated or Qualified 10/22/1980	
4. FEI Number 59-2058362	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FORTE, LORRAINE H
1274 NE BUSINESS PARK PLACE
JENSEN BEACH FL 34957**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DV <input type="checkbox"/> DELETE
NAME	GRAHAM, W OWEN
STREET ADDRESS	39 SEAVIEW AVE
CITY-ST-ZIP	MADISON CT
TITLE	DS <input type="checkbox"/> DELETE
NAME	STRATTON, WILLIAM R
STREET ADDRESS	31825 BAYVIEW DRIVE, 92
CITY-ST-ZIP	AVON LAKE OH
TITLE	DP <input type="checkbox"/> DELETE
NAME	WALDRON, DR. ROBERT
STREET ADDRESS	P.O. BOX 002, NA
CITY-ST-ZIP	NORMANDY BCH. NJ
TITLE	DT <input type="checkbox"/> DELETE
NAME	EPPINGER, JOHN
STREET ADDRESS	749 BAIR ROAD
CITY-ST-ZIP	BERWYN PA
TITLE	D <input type="checkbox"/> DELETE
NAME	LINDEGREN, JOHN
STREET ADDRESS	21 PROSPECT ST
CITY-ST-ZIP	SHREWSBURY MA
TITLE	SD <input type="checkbox"/> DELETE
NAME	HEUGH, WILLIAM
STREET ADDRESS	20 NE PLANTATION RD
CITY-ST-ZIP	STUART FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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* ROBERTS, WALDRON, MD 3/26/98 (60) 225-1166

CR2E037 (10/97)