


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90089 018 ****61.25

0074715

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 754764

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
---	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 10/22/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2058362
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 GRAHAM, W OWEN <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, W OWEN	1.2 NAME	RICHARD FERGUSON, DDS
STREET ADDRESS	39 SEAVIEW AVE	1.3 STREET ADDRESS	39 WINDEARNE RD
CITY-ST-ZIP	MADISON CT	1.4 CITY-ST-ZIP	UPPER MONTCLAIR NJ 07043
TITLE	DS STRATTON, WILLIAM R <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	STRATTON, WILLIAM R	2.2 NAME	
STREET ADDRESS	31825 BAYVIEW DRIVE, 92	2.3 STREET ADDRESS	
CITY-ST-ZIP	AVON LAKE OH	2.4 CITY-ST-ZIP	
TITLE	DP WALDRON, DR. ROBERT <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	WALDRON, DR. ROBERT	3.2 NAME	
STREET ADDRESS	P.O. BOX 902, NA	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORMANDY BCH. NJ	3.4 CITY-ST-ZIP	
TITLE	DT EPPINGER, JOHN <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	EPPINGER, JOHN	4.2 NAME	
STREET ADDRESS	749 BAIR ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BERWYN PA	4.4 CITY-ST-ZIP	
TITLE	D LINDEGREN, JOHN <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	LINDEGREN, JOHN	5.2 NAME	
STREET ADDRESS	21 PROSPECT ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	SHREWSBURY MA	5.4 CITY-ST-ZIP	
TITLE	SD HEUGH, WILLIAM <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	HEUGH, WILLIAM	6.2 NAME	
STREET ADDRESS	20 NE PLANTATION RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	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, with all other like empowered.

SIGNATURE: _____ SIGNATURE _____ 3/15/99 56-225-1166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)