

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90039 047 ****61.25

DOCUMENT # 754764

1. Entity Name

INLET VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX X65
 JENSEN BEACH FL 34958
 US

P O BOX 65
 JENSEN BEACH FL 34958-0065
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2058362

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **TREASURER**
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **PRESIDENT**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **LINDEGREN, JOHN**
 CITY-ST-ZIP **21 PROSPECT ST**
SHREWSBURY MA

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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

Daytime Phone

[Handwritten Signature] **ROBERT J. WALDRON, MD** 3/30/00
 561 225-1166

CR2E037 (9/99)