

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90027 009 ****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
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2058362

Applied For

Not Applicable

Zip

Country

Zip

Country

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 NAME	DV GRAHAM, W OWEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	39 SEAVIEW AVE	
CITY-ST-ZIP	MADISON CT	
TITLE NAME	DS STRATTON, WILLIAM R	<input type="checkbox"/> Delete
STREET ADDRESS	31825 BAYVIEW DRIVE, 92	
CITY-ST-ZIP	AVON LAKE OH	
TITLE NAME	T WALDRON, DR. ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 902, NA	
CITY-ST-ZIP	NORMANDY BCH. NJ	
TITLE NAME	P EPPINGER, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	749 BAIR ROAD	
CITY-ST-ZIP	BERWYN PA	
TITLE NAME	D LINDEGREN, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	21 PROSPECT ST	
CITY-ST-ZIP	SHREWSBURY MA	
TITLE NAME	SD HEUGH, WILLIAM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	20 NE PLANTATION RD	
CITY-ST-ZIP	STUART FL	

TITLE NAME	TD BUSI, NAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	20 NE PLANTATION Rd #108	
CITY-ST-ZIP	STUART, FL 34996	
TITLE NAME	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D MCCLURE, JAMES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	10 NE PLANTATION Rd. # 302	
CITY-ST-ZIP	STUART, FL 34996	

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: JOHN R EPPINGER, PRESIDENT 3-13-01 (561) 225-1066
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)