

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90787 012 \*\*\*\*61.25

**DOCUMENT # 754764**

1. Entity Name

**INLET VILLAGE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P O BO 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

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	TD	<input type="checkbox"/> Delete
NAME	BUSI, NAT	
STREET ADDRESS	20 NE PLANTATION RD #108	
CITY-ST-ZIP	STUART FL 34996	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	STRATTON, WILLIAM R	
STREET ADDRESS	31825 BAYVIEW DRIVE, 92	
CITY-ST-ZIP	AVON LAKE OH	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALDRON, DR. ROBERT	
STREET ADDRESS	P.O. BOX 902, NA	
CITY-ST-ZIP	NORMANDY BCH. NJ	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EPPINGER, JOHN	
STREET ADDRESS	749 BAIR ROAD	
CITY-ST-ZIP	BERWYN PA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LINDEGREN, JOHN	
STREET ADDRESS	21 PROSPECT ST	
CITY-ST-ZIP	SHREWSBURY MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCLURE, JAMES	
STREET ADDRESS	10 NE PLANTATION RD #302	
CITY-ST-ZIP	STUART FL 34996	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERGUSON, DR. RICHARD	
STREET ADDRESS	20 NE PLANTATION RD. # 208	
CITY-ST-ZIP	STUART, FL 34996	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*JOHN R. EPPINGER*  
 PRESIDENT  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-02

(561) 225-1066

Date

Daytime Phone #

CR2E037 (9/01)