


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90027 005 ****61.25

DOCUMENT # 754764					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01122004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2058362	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUSI, NAT	NAME			
STREET ADDRESS	20 NE PLANTATION RD #108	STREET ADDRESS			
CITY-ST-ZIP	STUART, FL 34996	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MIER, JOHN JR	NAME			
STREET ADDRESS	40 NE PLANTATION RD	STREET ADDRESS			
CITY-ST-ZIP	STUART, FL 34996	CITY-ST-ZIP			
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WALDRON, DR. ROBERT	NAME	D STRATTON, WILLIAM		
STREET ADDRESS	P.O. BOX 902, NA	STREET ADDRESS	10 NE PLANTATION ROAD # 205		
CITY-ST-ZIP	NORMANDY BCH., NJ	CITY-ST-ZIP	STUART, FL 34996		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EPPINGER, JOHN	NAME	VPD		
STREET ADDRESS	749 BAIR ROAD	STREET ADDRESS			
CITY-ST-ZIP	BERWYN, PA	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERGUSON, DR. RICHARD	NAME			
STREET ADDRESS	20 NE PLANTATION RD #208	STREET ADDRESS			
CITY-ST-ZIP	STUART, FL 34996	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCLURE, JAMES	NAME	PD		
STREET ADDRESS	10 NE PLANTATION RD #302	STREET ADDRESS			
CITY-ST-ZIP	STUART, FL 34996	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: _____		3/23/04		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

Attachment

INLET VILLAGE CONDOMINIUM ASSOCIATION, INC.

Document # 754764

44021496

D ADDITION
DITTMAR, LYNN
10 NE Plantation Road #203
Stuart, Fl. 34996