


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90055 041 \*\*\*\*61.25

**DOCUMENT # 754764**

1. Entity Name  
**INLET VILLAGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1111 SE FEDERAL HWY SUITE 100 STUART, FL 34994 US**

Mailing Address  
**1111 SE FEDERAL HWY SUITE 100 STUART, FL 34994 US**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01082007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**59-2058362**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FORTE, LORRAINE H  
 1111 SE FEDERAL HWY SUITE 100 STUART, FL 34994**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUSI, NAT 20 NE PLANTATION RD #108 STUART, FL 34996	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIER, JOHN JR 40 NE PLANTATION RD STUART, FL 34996	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRATON, WILLIAM 10 NE PLANTATION RD., #205 STUART, FL 34996	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DITTMAR, LYNN 10 NE PLANTATION RD. # 203 STUART, FL 34996	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARTINO, JOHN 40 NE PLANTATION RD. # 409 STUART, FL 34996	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARKUSS, PAUL 40 NE PLANTATION RD. # 311 STUART, FL 34996	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SD GOMMEYMAN, LAURIE 20 NE PLANTATION RD. #202 STUART, FL 34996</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D CORLISS, PAUL</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_ *3/21/07* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

INLET VILLAGE CONDO. ASSOC

# 754764

ATTACHMENT

60029084

D

GLASS, JANICE

40 NE PLANTATION RD #414

STUART, FL 34996

Addition