

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2004 8:00 am
Secretary of State

04-30-2004 90288 049 ****61.25

DOCUMENT # N03000007303 1. Entity Name VILLAS AT INLET BEACH HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 12889 EMERALD COAST PARKWAY SUITE 111-A DESTIN, FL 32550			Mailing Address 12889 EMERALD COAST PARKWAY SUITE 111-A DESTIN, FL 32550		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. Name and Address of Current Registered Agent HUNTER, GARY K JR. 123 SOUTH CALHOUN ST. TALLAHASSEE, FL 32301				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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PTD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	HENRY, THOMAS B JR.		NAME		
STREET ADDRESS	12889 EMERALD COAST PARKWAY, SUITE 111-A		STREET ADDRESS		
CITY-ST-ZIP	DESTIN, FL 32550		CITY-ST-ZIP		
TITLE	VSD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	KLEIN, HERMAN F JR.		NAME		
STREET ADDRESS	1122 BALL STREET		STREET ADDRESS		
CITY-ST-ZIP	PERRY, GA 31069		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	HENRY, TODD R		NAME		
STREET ADDRESS	12889 EMERALD COAST PKWY., STE. 111-A		STREET ADDRESS		
CITY-ST-ZIP	DESTIN, FL 32550		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Thomas B Henry Jr</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			THOMAS B HENRY, JR 4-19-2004 (850) 654-4818 Date Daytime Phone #		

66427786



04122004 Chg-NP CR2E037 (10/03)

4. FEI Number **41-2140064** Applied For Not Applicable

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE