


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 17, 1999 8:00 am
Secretary of State

02-17-1999 90033 032 ****61.25

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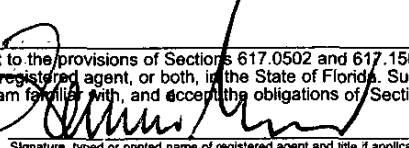
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|--|--|--|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # N10878 | | | |
| 1. Corporation Name INLET CONDOMINIUM ASSOCIATION, INC. | | | |
| Principal Place of Business 2601 NORTH PENINSULA AVENUE NEW SMYRNA BEACH FL 32169-2068 | | Mailing Address 2601 NORTH PENINSULA AVENUE NEW SMYRNA BEACH FL 32169-2068 | |



| | | |
|--|---------------------------------------|--|
| 2. Principal Place of Business 21 SAME | 2a. Mailing Address 26 SAME | 3. Date Incorporated or Qualified 08/28/1985 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-2632197 |
| City & State 23 | City & State 28 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 24 | Country 25 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Country 29 | Zip 30 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | | | |
|--|--|---|-------------|
| 9. Name and Address of Current Registered Agent GRIFFIN, LONNIE 2601 N PENINSULA AVE. NEW SMYRNA BCH. FL 32069 | | 10. Name and Address of New Registered Agent | |
| | | 81 Name | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | |
| | | 84 City | 85 Zip Code |
| | | FL | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE  DATE **1-20-99**

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRIFFIN, LONNIE | 1.2 NAME | |
| STREET ADDRESS | 2601 N. PENINSULA AVE. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EDDY, JAY | 2.2 NAME | |
| STREET ADDRESS | 7110 JONES MALTSBERGER | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAN ANTONIO TX | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEVER, LARRY | 3.2 NAME | |
| STREET ADDRESS | 2601 N. PENINSULA AVE. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED  1-20-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0003194

CR2E037 (11/98)