5/29

FILED
Jul 09, 2002 8:00 am
Secretary of State
05-29-2002 93598 010 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10878 ✓

1. Entity Name
INLET CONDOMINIUM ASSOCIATION, INC

DO NOT WRITE IN THIS SPACE

- 38349

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2. Principal Place of Business	3. Mailing Address
2801 N. PENINSULA AVE	2801 N. PENINSULA AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW SMYRNA BEACH, FL	City & State: NEW SMYRNA BEACH, FL
Zip: 32169 Country: USA	Zip: 32169 Country: USA

4. FEI Number: 59-2632197 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: CLAUDINE LANDRY
Street Address (P.O. Box Number is Not Acceptable): 2801 N. PENINSULA AVE.
City: NEW SMYRNA BEACH FL Zip Code: 32169

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: Claudine L. Landry 07/02/02
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

TITLE	PD
NAME	BARBARA GARWOOD
STREET ADDRESS	2801 N. PENINSULA AVE. #401
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	VPD
NAME	BOB ALLEGROE
STREET ADDRESS	2801 N. PENINSULA AVE. #1704
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	SD
NAME	RAY KELLEY
STREET ADDRESS	2801 N. PENINSULA AVE. #1104
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ray S. Kelley 17 May 2002 (386) 409-9212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #