

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10878

FILED
Apr 30, 2009
Secretary of State

Entity Name: INLET CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

257 MINORCA BEACH WAY
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

257 MINORCA BEACH WAY
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 59-2632197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANDRY, CLAUDINE
257 MINORCA BEACH WAY
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: APPLGATE, GEOFF
Address: 257 MINORCA BEACH WAY #1603
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VPD () Delete
Name: ALLEGROE, BOB
Address: 257 MINORCA BEACH WAY, #1704
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T () Delete
Name: KELLEY, RAY
Address: 257 MINORCA BEACH WAY, #1104
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D () Delete
Name: MADDOX, JOE
Address: 257 MINORCA BEACH WAY #1107
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D (X) Delete
Name: KELLEY, RAY
Address: 257 MINORCA WAY #1104
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CUTLER, MYRON
Address: 257 MINORCA BEACH WAY, #1408
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PRESIDENT

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date