FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000005225 (7)**

1. Corporation Name
INVERNESS OLDE TOWN ASSOCIATION, INC.

Principal Place of Business	Mailing Address
800 W MAIN ST. 300 INVERNESS FL 34450	PO BOX 5091 INVERNESS FL 34451-5091

3. Date Incorporated or Qualified: **10/19/1994**
3a. Date of Last Report: **04/20/1995**

4. FEI Number: **59-3289247** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DANNER, PAUL M
800 W MAIN ST, 300
INVERNESS FL 34450

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE			Change / Addition
TITLE	DP	☒	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	GILL, SUSAN A.		1.2 NAME	MARSHALL E EARNEST	
STREET ADDRESS	115 COURTHOUSE SQUARE		1.3 STREET ADDRESS	607 US HWY 41 S	
CITY-ST-ZIP	INVERNESS FL		1.4 CITY-ST-ZIP	INVERNESS FL 34450-6074	
TITLE	DV	☐	2.1 TITLE	DV	☐ Change ☒ Addition
NAME	EARNEST, MARSHALL E.		2.2 NAME	JUDITH A VANDERMARK	
STREET ADDRESS	607 US HWY 41		2.3 STREET ADDRESS	107 COURTHHOUSE SQUARE	
CITY-ST-ZIP	INVERNESS FL		2.4 CITY-ST-ZIP	INVERNESS FL 34450-4803	
TITLE	DS	☒	3.1 TITLE	DS	☐ Change ☒ Addition
NAME	GILL, SUSAN		3.2 NAME	JOSEPH URBAN	
STREET ADDRESS	115 COURTHOUSE SQUARE		3.3 STREET ADDRESS	3066 HWY 41 S	
CITY-ST-ZIP	INVERNESS FL 34450		3.4 CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	DT	☐	4.1 TITLE		☐ Change ☐ Addition
NAME	LOCASCIO, AMY		4.2 NAME		
STREET ADDRESS	200 W. MAIN ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		4.4 CITY-ST-ZIP		
TITLE		☐	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Amy LoCascio 3/19/96 (352)726-8435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #