FILE NOW: FILING FEE IS $61.25

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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 34450-0091

3. Date Incorporated or Qualified: **10/19/1994**
3a. Date of Last Report: **03/25/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

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

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: Amy LoCascio
82 Street Address (P.O. Box Number is Not Acceptable): 200 W. Main St
83
84 City: Inverness **FL** 85 Zip Code: 34450

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: Amy LoCascio **Amy L. LoCascio** 1/28/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	DS	☐ Change ☒ Addition
NAME	MARSHALL, EARNEST E		1.2 NAME	Barbara Greiner	
STREET ADDRESS	607 US HWY 41 S.		1.3 STREET ADDRESS	131 S Edinburgh Dr	
CITY-ST-ZIP	INVERNESS FL		1.4 CITY-ST-ZIP	Inverness Fl 34450-2750	
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VANDERMARK, JUDITH A		2.2 NAME		
STREET ADDRESS	107 COURTHOUSE SQUARE		2.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		2.4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	URBAN, JOSEPH		3.2 NAME		
STREET ADDRESS	3066 HWY 41 S.		3.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	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		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Amy LoCascio **Amy L. LoCascio** 1/28/97 352-726-8435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0065266