05061999-90029-014-$61.25-$61.25

**FILED**
**May 06, 1999 8:00 am**
**Secretary of State**
05-06-1999 90029 014 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005225

1. Corporation Name
INVERNESS OLDE TOWN ASSOCIATION, INC.

547582 - 90025 - 50

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

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
|---|---|---|
| 21 113 W. MAIN ST. | 26 113 W. MAIN St. | 10/19/1994 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-3289247 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 INVERNESS, FL | City & State<br>28 INVERNESS, FL | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip / Country<br>24 34450 25 CITRUS | Zip / Country<br>29 34450 30 CITRUS | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| LOCASCIO, AMY<br>200 W. MAIN ST.<br>INVERNESS FL 34450 | 81 Name SANDRA DIXON<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83 113 W. MAIN ST.<br>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 Sandra R. Dixon 4-30-99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>MARSHALL, EARNEST E<br>607 US HWY 41 S.<br>INVERNESS FL | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | DP<br>RICHARD DIXON<br>117 S. HWY 41<br>INVERNESS, FL 34450 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>VANDERMARK, JUDITH A<br>107 COURTHOUSE SQUARE<br>INVERNESS FL | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | DV<br>SANDRA DIXON<br>113 W. MAIN ST.<br>INVERNESS, FL 34450 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>GREINER, BARBARA<br>131 S. EDINBURGH DR.<br>INVERNESS FL | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | DS<br>SECRETARY TREAS<br>MICHELE LUNDGREN<br>409 COURT HOUSE SQ<br>INVERNESS, FL 34450 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>LOCASCIO, AMY<br>200 W. MAIN ST.<br>INVERNESS FL | ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (11/98)

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:** Sandra R. Dixon 4-30-99 352-726-5115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #