2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State
03-17-2004 90029 035 ****66.25

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1. Entity Name

THE NEW INVERNESS OLDE TOWN ASSOCIATION, INC.

Principal Place of Business	Mailing Address
105 CT SQUARE INVERNESS FL 34450	105 CT SQUARE INVERNESS FL 34450

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PERRY, ANDDREA 105 COURTHOUSE SQUARE INVERNESS FL 34450	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT PERRY, ANDREA 105 COURTHOUSE SQUARE INVERNESS FL 34450	☐ Delete SAME →	TITLE DT NAME STREET ADDRESS CITY-ST-ZIP	ANDREA PERRY 105 COURTHOUSE SQ INVERNESS, FL 34450	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP LEE, SCOTT 109 WEST MAIN STREET INVERNESS FL 34440	☑ Delete	TITLE DP NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PRESIDENT DAVID A. HUNTZ 109 COURT HOUSE SQUARE INVERNESS, FL 34450	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIXON, SANDRA 207 NO. APOPKA AVE INVERNESS FL 34450	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JUDITH A. VAN DERMARK 107 COURTHOUSE SQ INVERNESS, FL 34450	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ~~PERRY, WINSTON~~ ~~P.O. BOX 627~~ ~~OLDE HOMOSASSA FL 34487~~	☑ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JUDY SWANK 102 W MAIN ST INVERNESS, FL 34450	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS NORTON, TERRY 1624 NO. MEADOWCREST BLVD CRYSTAL RIVER FL 32629	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Frederick Sell 101 W. MAIN ST INVERNESS, FL 34450	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David A Huntz 3/28/04 352 3415400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #