2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2006 8:00 am
Secretary of State
06-07-2006 90003 021 ****61.25

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1. Entity Name
THE NEW INVERNESS OLDE TOWN ASSOCIATION, INC.

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

05132006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
PO Box 5051	PO Box 5051
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Inverness, FL	City & State: Inverness, FL
Zip: 34450 Country: USA	Zip: 34450 Country: USA

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

PERRY, ANDDREA
105 COURTHOUSE SQUARE
INVERNESS, FL 34450

7. Name and Address of New Registered Agent

Name: SAMANTHA WISNIEWSKI
Street Address (P.O. Box Number is Not Acceptable): 204 E. Vine St.
City: Inverness **FL** Zip Code: 34450

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: Samantha Wisniewski, Samantha Wisniewski, President 5/13/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KURTZ, DAVID A 109 CT. HOUSE SQUARE INVERNESS, FL 34450	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Samantha Wisniewski 204 E. Vine St Inverness, FL 34450	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIZZOLO, ANGELO 108 WEST MAIN STREET INVERNESS, FL 34450	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President Dawn Regan 109 N. Apopka Ave Inverness, FL 34450	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SWANK, JUDY 102 W. MAIN ST. INVERNESS, FL 34450	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS NORTON, TERRY 1624 NO. MEADOWCREST BLVD CRYSTAL RIVER, FL 32629	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KURTZ, SIBYLLE 6108 E. MALVERINE ST INVERNESS, FL 34452	☒ 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 exemptions contained 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 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: Samantha Wisniewski Samantha Wisniewski 5/13/06 (352) 228-1549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #