

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005225

FILED
Apr 14, 2008
Secretary of State

Entity Name: INVERNESS OLDE TOWNE ASSOCIATION, INC.

Current Principal Place of Business:

1537 E. VENTNOR LANE
INVERNESS, FL 34453 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 771
INVERNESS, FL 34451 US

New Mailing Address:

FEI Number: 59-3289247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNT, DORA F
2901 HWY 44 WEST
INVERNESS, FL 34453 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: HUNT, DORA F
Address: 2901 HWY 44 WEST
City-St-Zip: INVERNESS, FL 34453

Title: P () Delete
Name: LOBEL, DOUGLAS
Address: 1537 E. VENTNOR LANE
City-St-Zip: INVERNESS, FL 34453

Title: V () Delete
Name: REGAN, DAWN
Address: 109 N. APOPKA AVE
City-St-Zip: INVERNESS, FL 34450

Title: S () Delete
Name: NORTON, TERRY
Address: 1624 NO. MEADOWCREST BLVD
City-St-Zip: CRYSTAL RIVER, FL 32629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: FERGUSON, JANET
Address: 1420 US HWY 41
City-St-Zip: INVERNESS, FL 34452

Title: S (X) Change () Addition
Name: BELLIVEAU, SHERRY
Address: 103 US HIGHWAY 41 S
City-St-Zip: INVERNESS, FL 34450

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORA F HUNT

T

04/14/2008

Electronic Signature of Signing Officer or Director

Date