

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED  
96 JUN 14 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000038385

1. Corporation Name  
**THE VILLAGE AT INLET BEACH, INC.**

100001862141  
-06/14/96--01040--008  
\*\*\*\*233.75 \*\*\*\*233.75

Principal Place of Business Mailing Address  
**c/o Rudnick & Wolfe** 315 Park Avenue South  
**101 E. Kennedy Blvd.** New York, NY 10010  
**Suite 2000**  
**Tampa, FL 33602**

3. Date Incorporated or Qualified 5/15/95  
3a. Date of Last Report  
4. FEI Number 59-3314023 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

2. Principal Place of Business 2a. Mailing Address  
21. **E. Highway 30A** 26. **c/o Rudnick & Wolfe**  
Suite Apt #, etc. 27. **101 E. Kennedy Blvd.**  
22. Suite Apt #, etc. 27. **Suite 2000**  
City & State 28. **Suite 2000**  
23. **Inlet Beach, FL** City & State  
24. **32413** 25. **USA** 29. **33602** 30. **USA**

9. Name and Address of Current Registered Agent  
**CT Corporation System**  
**1200 South Pine Island Road**  
**Plantation, FL 33324**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and fee (if applicable) (DATE: Registered Agent's signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	Wood, Patricia A.	
STREET ADDRESS	529 E. South Temple	
CITY-ST-ZIP	Salt Lake City, UT 84102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Borden, Paul J.	
STREET ADDRESS	315 Park Avenue South	
CITY-ST-ZIP	New York, NY 10010	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Hornstein, Mark	
STREET ADDRESS	315 Park Avenue South	
CITY-ST-ZIP	New York, NY 10010	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	Beinvenue, Patrick D.	
13. STREET ADDRESS	East Highway 30A	
14. CITY-ST-ZIP	Inlet Beach, FL 32413	
21. TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	Borden, Paul J.	
23. STREET ADDRESS	315 Park Avenue South	
24. CITY-ST-ZIP	New York, NY 10010	
31. TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	Lyss, Gregory S.	
33. STREET ADDRESS	315 Park Avenue South	
34. CITY-ST-ZIP	New York, NY 10010	
41. TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42. NAME	Maki, Corinne	
43. STREET ADDRESS	315 Park Avenue South	
44. CITY-ST-ZIP	New York, NY 10010	
51. TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52. NAME	Klindtworth, Ruth	
53. STREET ADDRESS	315 Park Avenue South	
54. CITY-ST-ZIP	New York, NY 10010	
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Patrick D. Beinvenue**

6.12.06 90423/2900

CR2E034 (12/95)