

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N32796 (7)**  
1. Corporation Name  
**INLET VILLAS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>2601 N PENINSULA AVE NEW SMYRNA BEACH FL 32169-2068</b>	Mailing Address <b>2601 N PENINSULA AVE NEW SMYRNA BEACH FL 32169-2068</b>
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<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address	<b>3.</b> Date Incorporated or Qualified <b>06/13/1989</b>	<b>3a.</b> Date of Last Report <b>03/26/1996</b>
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>4.</b> FEI Number <b>59-3020828</b>	Applied For <input type="checkbox"/> Not Applicable
<b>22</b> City & State	<b>27</b> City & State	<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>23</b> Zip	<b>28</b> Zip	<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>24</b> Country	<b>29</b> Country	<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b>	<b>10. Name and Address of New Registered Agent</b>
<b>MANGINI, JOHN P 2120 VILLA WAY NEW SMYRNA BCH FL 32169</b>	<b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KENNOVIN, COLIN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2122 VILLA WAY	1.2 NAME	
STREET ADDRESS	NEW SMYRNA BEACH FL 32169	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VD RENDENELLI, ANTHONY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2114 VILLA WAY	2.2 NAME	
STREET ADDRESS	NEW SMYRNA BEACH FL 32169	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	TD MANGINI, JOHN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2120 VILLA WAY	3.2 NAME	
STREET ADDRESS	NEW SMYRNA BEACH FL 32169	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	S MANGINI, JEAN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2120 VILLA WAY	4.2 NAME	
STREET ADDRESS	NEW SMYRNA BEACH FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

**14.** I do 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.

SIGNATURE: *John Mangini* **3/3/97** **704-427-5936**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0003124

CR2E037 (9/96)