

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754764

**FILED**  
**Mar 28, 2024**  
**Secretary of State**  
**1411546238CC**

**Entity Name:** INLET VILLAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1530 NE AMY AVENUE  
JENSEN BEACH, FL 34957

**Current Mailing Address:**

1530 NE AMY AVENUE  
JENSEN BEACH, FL 34957 US

**FEI Number:** 59-2058362

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KAZMIER, TIMOTHY D  
1530 NE AMY AVENUE  
JENSEN BEACH, FL 34957 US

*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:** TIMOTHY D.KAZMIER

03/28/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name ZUCCO, ALBERT  
Address 10 NE PLANTATION ROAD  
UNIT # 105  
City-State-Zip: STUART FL 34996

Title SECRETARY, DIRECTOR  
Name MIKALASKAS, KIRSTIN  
Address 10 NE PLANTATION ROAD  
UNIT # 103  
City-State-Zip: STUART FL 34996

Title VP  
Name ALBERTELLI, LYNN  
Address 10 NE PLANTATION ROAD  
UNIT # 206  
City-State-Zip: STUART FL 34996

Title D  
Name ROSE, CAROLE  
Address 10 NE PLANTATION ROAD  
UNIT # 106  
City-State-Zip: STUART FL 34996

Title TREASURER, DIRECTOR  
Name SMITH, DIANE  
Address 40 NE PLANTATION ROAD  
UNIT # 316  
City-State-Zip: STUART FL 34996

Title MANAGER  
Name KAZMIER, TIMOTHY D  
Address 1530 NE AMY AVENUE  
City-State-Zip: JENSEN BEACH FL 34957

Title DIRECTOR  
Name MANZO, TOM  
Address 40 NE PLANTATION ROAD  
UNIT # 107  
City-State-Zip: STUART FL 34996

Title DIRECTOR  
Name GLASS, DAVE D  
Address 20 NE PLANTATION ROAD  
UNIT 304  
City-State-Zip: STUART FL 34996

*I hereby 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 all other like empowered.*

**SIGNATURE:** TIMOTHY D KAZMIER

MANAGER

03/28/2024

Electronic Signature of Signing Officer/Director Detail

Date