

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19535

Entity Name: INNERARITY ISLAND ASSOCIATION, INC.**Current Principal Place of Business:**908 GARDENGATE CIRCLE
PENSACOLA, FL 32504**Current Mailing Address:**908 GARDENGATE CIRCLE
PENSACOLA, FL 32504**FEI Number:** 59-2834327**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KELLEY, CHERYL E
908 GARDENGATE CIRCLE
PENSACOLA, FL 32504 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:** KELLEY, CHERYL E

04/13/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name LINKOUS, CHAD
Address 5623 INNERARITY CIRCLE
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR
Name HULL, SKIP
Address 5621 INNERARITY CIRCLE
City-State-Zip: PENSACOLA FL 32507

Title TREASURER
Name DEWEY, RICH
Address 16220 INNERARITY POINT ROAD
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR
Name BARTON, BRADY
Address 16270 INNERARITY POINT RD
City-State-Zip: PENSACOLA FL 32507

Title SECRETARY
Name GONTARSKI, KELLY
Address 16262 NORTH SHORE DR
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR
Name ROLLINS, RYAN
Address 5700 SHORES CIRCLE
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR
Name LEGENDRE, DAVID
Address 16761 INNERARITY POINT ROAD
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR
Name SPARKS, JULIE
Address 16340 INNERARITY POINT ROAD
City-State-Zip: PENSACOLA FL 32507

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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: GONTARSKI, KELLY**SECRETARY**

04/13/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	YORK , WILL
Address	5443 NORTH SHORE ROAD
City-State-Zip:	PENSACOLA FL 32507