

**2022 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

04/22/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MCKNIGHT, SAMUEL  
Address 16590 INNERARITY POINT ROAD  
City-State-Zip: PENSACOLA FL 32507

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

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

Title VP  
Name KERSHAW, BRIAN  
Address 16309 N. SHORE DRIVE  
City-State-Zip: PENSACOLA FL 32507

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

Title SECRETARY  
Name CARMACK, GARY  
Address 5649 INNERARITY POINT RD  
City-State-Zip: PENSACOLA FL 32507

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

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

**Continues on page 2**

*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:** HULL, SKIP**SECRETARY**

04/22/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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