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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **712468** (8)

1. Corporation Name

INLET BEACH WATER SYSTEM, INC.

Principal Place of Business

Mailing Address

**CARSON LANE
P.O. BOX 147
SUNNYSIDE FL 32461**

**CARSON LANE
P.O. BOX 147
SUNNYSIDE FL 32461**

3. Date Incorporated or Qualified

03/22/1967

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 99 N. WALL ST

26 117 N. WALL ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

23 PANAMA CITY BEACH FL

28 PANAMA CITY BEACH FL

City & State

City & State

Zip

Country

Zip

Country

24 32413

25 U.S.A.

29 32413

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WASCHENBACH, CLETA
15 WINSTON LANE
PANAMA CITY BEACH FL 32413**

81 Name NANCY O'CONNOR

82 Street Address (P.O. Box Number is Not Acceptable)

174 WALTON PALM RD

83

84 City PANAMA CITY BEACH FL

85 Zip Code 32413

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	WASCHENBACH, CLETA	
STREET ADDRESS	15 WINSTON LN	
CITY-ST-ZIP	PANAMA CITY BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCHROEDER, DON	
STREET ADDRESS	258 PARK PLACE INLET BEACH	
CITY-ST-ZIP	PANAMA CITY BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	O'CONNER, NANCY	
STREET ADDRESS	174 WALTON PALM RD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BYRNE, PATRICIA	
STREET ADDRESS	384 WALTON ROSE LN.	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, ERNEST	
STREET ADDRESS	225 CARSON LN	
CITY-ST-ZIP	PANAMA CITY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CREWS, OLIVER	
STREET ADDRESS	115 WINSTON LN	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	

1.1 TITLE	DT	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		WYMAN KIZZIAH	
1.3 STREET ADDRESS		#6 WALFORD PL. DOTHAN AL 36301	
1.4 CITY-ST-ZIP			
2.1 TITLE	VD	VICE PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		CHARLES LETCHER	
2.3 STREET ADDRESS		115 W. PARK PL. AVE	
2.4 CITY-ST-ZIP		PANAMA CITY BEACH, FL 32413	
3.1 TITLE	D	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		NANCY O'CONNOR	
3.3 STREET ADDRESS		174 WALTON PALM RD	
3.4 CITY-ST-ZIP		PANAMA CITY BEACH FL 32413	
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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:

[Signature]

4-15-98

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CR2E037 (10/97)