

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90024 021 \*\*\*\*61.25

**DOCUMENT # 719623**

1. Entity Name

INLET CIRCLE VILLAS ASSOCIATION, INC.



Principal Place of Business

PO BOX 1262  
VENICE FL 34284

Mailing Address

PO BOX 1262  
VENICE FL 34284



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2344202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

BROTT, IRVING D  
950 INLET CIRCLE ROAD  
VENICE FL 34285

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BROTT, IRVING  
STREET ADDRESS 950 INLET CIRCLE RD  
CITY-ST-ZIP VENICE FL 34285 ☐ Delete

TITLE TD  
NAME FORD, JEAN  
STREET ADDRESS 904 INLET CIRCLE RD  
CITY-ST-ZIP VENICE FL 34285 ☐ Delete

TITLE SDAT  
NAME HAMMETT, ERICA  
STREET ADDRESS 912 INLET CIRCLE RD.  
CITY-ST-ZIP VENICE FL 34285 ☒ Delete

TITLE D  
NAME MURKLAND, FRED  
STREET ADDRESS 938 INLET CIRCLE RD  
CITY-ST-ZIP VENICE FL 34285 ☐ Delete

TITLE VP  
NAME MCDONOUGH, JAMES  
STREET ADDRESS 934 INLETT CIRCLE  
CITY-ST-ZIP VENICE FL 34285 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SDAT  
NAME Searles, Sandra  
STREET ADDRESS 990 Inlet Circle Rd.  
CITY-ST-ZIP Venice FL 34285 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IRVING D. BROTT  
3/23/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-486-1747