


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 719623 1. Entity Name INLET CIRCLE VILLAS ASSOCIATION, INC.	
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Principal Place of Business 904 INLET CIR RD VENICE, FL 34285	Mailing Address PO BOX 1262 VENICE, FL 34284
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01102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2344202	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROTT, IRVING D 950 INLET CIRCLE ROAD VENICE, FL 34285	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROTT, IRVING 950 INLET CIRCLE RD VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FORD, JEAN 904 INLET CIRCLE RD VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEARLES, SANDRA 920 INLET CIR RD VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURKLAND, FRED 938 INLET CIRCLE RD VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURKLAND, PAT 938 INLET CIR RD VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: JEAN D. FORD JEAN D. Ford - Pres. 1/11/08 944-486-9097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #