2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#719623

FILED Jan 29, 2009 Secretary of State

Entity Name: INLET CIRCLE VILLAS ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:	
	T CIR RD FL 34285			
Current Mailing Address:		New Mailing Address:		
PO BOX VENICE,	1262 FL 34284			
FEI Numbe	r: 59-2344202	FEI Number Applied For()	FEI Number Not Applicat	ole () Certificate of Status Desired ()
Name an	d Address of C	urrent Registered Agent:	Name and Ad	Idress of New Registered Agent:
VENICE,	T CIRCLE ROA FL 34285 U	S	ourpose of changing its r	egistered office or registered agent, or both,
	te of Florida.	·	, 3 3	
SIGNATL				
	Electron	ic Signature of Registered Age	ent	Date
OFFICER	Electron			Date CHANGES TO OFFICERS AND DIRECTORS
OFFICER Title: Name: Address: City-St-Zip:	PD () BROTT, IRVING 950 INLET CIR	TORS: Delete CLE RD		
Title: Name: Address:	PD () BROTT, IRVING 950 INLET CIR VENICE, FL 34 TD () FORD, JEAN 904 INLET CIR	TORS: Delete 3 CLE RD 285 Delete CLE RD	ADDITIONS/O Title: Name: Address:	CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip: Title: Name: Address:	PD () BROTT, IRVING 950 INLET CIR VENICE, FL 34 TD () FORD, JEAN 904 INLET CIR VENICE, FL 34 SD () SEARLES, SAN 920 INLET CIR	Delete CLE RD C285 Delete CLE RD C285 Delete CLE RD C285	ADDITIONS/6 Title: Name: Address: City-St-Zip: Title: Name: Address:	CHANGES TO OFFICERS AND DIRECTORS () Change () Addition
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	PD () BROTT, IRVING 950 INLET CIR VENICE, FL 34 TD () FORD, JEAN 904 INLET CIR VENICE, FL 34 SD () SEARLES, SAN 920 INLET CIR VENICE, FL 34	Delete CLE RD 1285 Delete CLE RD 1285	ADDITIONS/6 Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	CHANGES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: IRVING BROTT P 01/29/2009