


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90286 027 ****61.25

| | |
|---|---|
| DOCUMENT # 724918 |  |
| 1. Entity Name THE INNER CIRCLE CONDOMINIUM ASSOCIATION, INC. | |

| | |
|---|---|
| Principal Place of Business 301 AND 315 VENETIAN DRIVE DELRAY BEACH, FL 33483 | Mailing Address 301 AND 315 VENETIAN DRIVE DELRAY BEACH, FL 33483 |
|---|---|

50023424



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

03052005 Chg-NP CR2E037 (10/03)

| | | |
|---|--|--|
| 4. FEI Number NOT APPLICABLE | | 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 | | 7. Name and Address of New Registered Agent | |
| LEINS, ANNE 301 VENETIAN DR DELRAY BEACH, FL 33483 | | 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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LOGAN, KEVIN <input type="checkbox"/> Delete 73 RIVER ROAD BOYNTON BEACH, FL 33435 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LOWE JR, WILLIAM <input type="checkbox"/> Delete 315 VENETIAN DR DELRAY BEACH, FL 33483 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD LEINS, ANNE D. <input type="checkbox"/> Delete 301 VENETIAN DRIVE DELRAY BEACH, FL 33483 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MURDOCK, WILLIAM <input type="checkbox"/> Delete 301 VENETIAN DRIVE APT # 13 DELRAY BEACH, FL 33483 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D OTT, MARJORIE <input type="checkbox"/> Delete 315 VENETIAN DR DELRAY BEACH, FL 33483 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SCHOLTZ, PATRICIA <input type="checkbox"/> Delete 301 VENETIAN DR #11 DELRAY BEACH, FL 33483 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 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: Anne Leins **ANNE LEINS** 03/05/05 561-278-5586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

Title D
Name Callahan, Nancy
Street 4202 River's Edge Court
City Louisville, KY 40222

Addition

50023424
724918

Title D
Name Radebaugh, Eleanor
Street 315 Venetian Drive #2
City Delray Beach, FL 33483

Addition

10 Officers and Directors