

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90093 004 ****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**

40033473



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03092007 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2007**

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 **D** ☒ Delete
NAME **RADEBAUGH, ELEANOR**
STREET ADDRESS **315 VENETIAN DR**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE **V/D** ☐ Change ☒ Addition
NAME **Nichols, Barrett**
STREET ADDRESS **301 Venetian Drive**
CITY-ST-ZIP **Delray Beach, FL 33483**

TITLE **D** ☐ Delete
NAME **LOWE JR, WILLIAM**
STREET ADDRESS **315 VENETIAN DR**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

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

TITLE **STD** ☐ Delete
NAME **LEINS, ANNE D.**
STREET ADDRESS **301 VENETIAN DRIVE**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

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

TITLE **D** ☐ Delete
NAME **MURDOCK, WILLIAM**
STREET ADDRESS **301 VENETIAN DRIVE APT # 13**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

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

TITLE **VD** ☐ Delete
NAME **OTT, MARJORIE**
STREET ADDRESS **315 VENETIAN DR**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE **D** ☒ Change ☐ Addition
NAME **Ott, Marjorie**
STREET ADDRESS **315 Venetian Drive**
CITY-ST-ZIP **Delray Beach, FL 33483**

TITLE **PD** ☐ Delete
NAME **SCHOLTZ, PATRICIA**
STREET ADDRESS **301 VENETIAN DR #11**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

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

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: Anne D. Leins **ANNE D. LEINS** 3/09/07 561-278-5586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #