

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2008 8:00 am
Secretary of State

05-23-2008 90018 029 ****61.25

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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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 40 Beacon Property Mgmt			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 500 NE Spanish River Blvd #18			
City & State		City & State Boca Raton			
Zip	Country	Zip	Country	4. FEI Number 05-0194781 NOT APPLICABLE	
33431	USA	33431	USA	Applied For Not Applicable	
5. Certificate of Status Desired ☐				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 Beacon Property Mgmt		
			Street Address (P.O. Box Number is Not Acceptable) 500 NE Spanish River Blvd #18		
			City Boca Raton		
			FL Zip Code 33431		
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 <i>Marjorie Ott</i> (NOTE: Registered Agent signature required when re-registering) DATE <i>4/29/08</i>					
Filing Fee is \$61.25 Due by May 1, 2008		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	VD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	BARRETT, NICHOLS		NAME	BARRETT NICHOLS	
STREET ADDRESS	301 VENETIAN DRIVE		STREET ADDRESS	301 VENETIAN DR #9	
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	☐ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	LOWE JR, WILLIAM		NAME	LOWE JR, WILLIAM	
STREET ADDRESS	315 VENETIAN DR		STREET ADDRESS	315 VENETIAN DR #4	
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	STD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	LEINS, ANNE D.		NAME		
STREET ADDRESS	301 VENETIAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	MURDOCK, WILLIAM		NAME		
STREET ADDRESS	301 VENETIAN DRIVE APT # 13		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	TSD	☒ Change ☐ Addition
NAME	OTT, MARJORIE		NAME	OTT MARJORIE	
STREET ADDRESS	315 VENETIAN DR		STREET ADDRESS	315 VENETIAN DR #3	
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	PD	☒ Delete	TITLE	PALLAHAN, NANCYE	☐ Change ☒ Addition
NAME	SCHOLTZ, PATRICIA		NAME	4203 RIVERS EDGE CT	
STREET ADDRESS	301 VENETIAN DR #11		STREET ADDRESS	LOUISVILLE KY 40222	
CITY-ST-ZIP	DELRAY BEACH, FL 33483		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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Marjorie Ott</i> #20/08 561-278					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					