

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724918

FILED  
Mar 16, 2010  
Secretary of State

**Entity Name:** THE INNER CIRCLE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

500 NE SPANISH RIVER BLVD #18  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

301 AND 315 VENETIAN DRIVE  
APT. #16  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

C/O BEACON PROPERTY MGMT  
500 NE SPANISH RIVER BLVD #18  
BOCA RATON, FL 33431

**New Mailing Address:**

301 AND 315 VENETIAN DRIVE  
APT. #16  
DELRAY BEACH, FL 33483

**FEI Number:** 65-0194781

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIS, ERNEST  
BEACON PROPERTY MGMT  
500 NE SPANISH RIVER BLVD #18  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

LEINS, ANNE  
301 VENETIAN DRIVE  
APT. 16  
DELRAY BEACH, FL 33483 US

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.

SIGNATURE: ANNE LEINS

03/16/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LOWE JR, WILLIAM  
Address: 315 VENETIAN DR #4  
City-St-Zip: DELRAY BEACH, FL 33483

Title: VD  
Name: MURDOCK, WILLIAM  
Address: 301 VENETIAN DR #13  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D  
Name: OTT, MARJORIE  
Address: 315 VENETIAN DR #3  
City-St-Zip: DELRAY BEACH, FL 33483

Title: STD  
Name: LEINS, ANNE  
Address: 301 VENETIAN DRIVE #16  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D  
Name: NICHOLS, BARRETT  
Address: 301 VENETIAN DRIVE #9  
City-St-Zip: DELRAY BEACH, FL 33483

I hereby 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 all other like empowered.

SIGNATURE: ANNE LEINS

STD

03/16/2010

Electronic Signature of Signing Officer or Director

Date