SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 18 AM 8:53

DOCUMENT # **741322** **(2)**

1. Corporation Name

INNLET BEACH, UNITS 1 & 5, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1391 PONTE VEDRA BEACH FL 32004-1391	P.O. BOX 1391 PONTE VEDRA BEACH FL 32004-1391

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1978
3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-2177782 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MILLER, JOHN
615 HWY AIA
S101
PONTE VEDRA BCH FL 32082

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☒ Change ☐ Addition JD
NAME	TERECH, JOHN	1.2 NAME	ARMSTRONG, JAMES D.
STREET ADDRESS	96 ABALONE LANE EAST	1.3 STREET ADDRESS	93 SANCHEZ DRIVE, EAST
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	1.4 CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	CARLSON, ANNE	2.2 NAME	
STREET ADDRESS	100 CONCH CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH. FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	FORD, RICHARD	3.2 NAME	
STREET ADDRESS	104 ANCILLA LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☒ Change ☐ Addition PD
NAME	HARDY, LINDA	4.2 NAME	HARDY, LINDA
STREET ADDRESS	90 ABALONE LANE EAST	4.3 STREET ADDRESS	90 ABALONE LANE EAST
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	4.4 CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082
TITLE	D	5.1 TITLE	☒ Change ☐ Addition D
NAME	BARBERA, VINCENT	5.2 NAME	MANSFIELD, RICK
STREET ADDRESS	110 SANCHEZ DR W	5.3 STREET ADDRESS	595 PALMER DRIVE
CITY-ST-ZIP	PONTE VEDRA BCH, FL00000	5.4 CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082
TITLE	PD	6.1 TITLE	☒ Change ☐ Addition D
NAME	ASHMEAD, ROBERT	6.2 NAME	ASHMEAD, ROBERT
STREET ADDRESS	99 ANCILLA CT	6.3 STREET ADDRESS	99 ANCILLA CT
CITY-ST-ZIP	PONTE VEDRA BCH, FL00000	6.4 CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JAMES D. ARMSTRONG 6-12-95 904 285 3866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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