


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90063 047 ****61.25

DOCUMENT # 754764	
1. Entity Name INLET VILLAGE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business P O BOX 65 JENSEN BEACH, FL 34958 US	Mailing Address P O BOX 65 JENSEN BEACH, FL 34958 US
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2. Principal Place of Business 1111 SE Federal Hwy	3. Mailing Address 1111 SE Federal Hwy
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State Stuart, FL	City & State Stuart, FL
Zip 34994	Country USA



02112005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2058362	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 FORTE, LORRAINE H 1274 NE BUSINESS PARK PLACE JENSEN BEACH, FL 34957
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1111 SE Federal Hwy Suite 100 City Stuart FL Zip Code 34994

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 *LORRAINE H. FORTE* DATE *4/23/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BUSI, NAT 20 NE PLANTATION RD #108 STUART, FL 34996 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MIER, JOHN JR 40 NE PLANTATION RD STUART, FL 34996 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STARTTON, WILLIAM 10 NE PLANTATION RD., #205 STUART, FL 34996 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD EPPINGER, JOHN 749 BAIR ROAD BERWYN, PA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERGUSON, DR. RICHARD 20 NE PLANTATION RD #208 STUART, FL 34996 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCCLURE, JAMES 10 NE PLANTATION RD #302 STUART, FL 34996 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DITTMAR, LYNN 10 NE PLANTATION Rd # 203 STUART, FL 34996 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARINO, JOHN 40 NE PLANTATION Rd # 409 STUART, FL 34996 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAUMANN, DANIEL 40 NE PLANTATION Rd # 205 STUART, FL 34996 <input type="checkbox"/> Change <input checked="" 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: *[Signature]* DATE *4/8/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

20032104 / #754764

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ADDITION

COMMERMAN, LAURIE
20 NE PLANTATION RD #202
STUART, FL 34996