

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754764

FILED
Mar 13, 2009
Secretary of State

Entity Name: INLET VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994 US

New Mailing Address:

FEI Number: 59-2058362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORTE, LORRAINE H
1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994 US

Name and Address of New Registered Agent:

KERT, LORRAINE H
1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994 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: LORRAINE H. KERT

03/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BUSI, NAT
Address: 20 NE PLANTATION RD #108
City-St-Zip: STUART, FL 34996

Title: SP () Delete
Name: GOMMERMAN, LAURIE
Address: 20 NE PLANTATION RD #202
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: STRATON, WILLIAM
Address: 10 NE PLANTATION RD., #205
City-St-Zip: STUART, FL 34996

Title: PD () Delete
Name: DITTMAR, LYNN
Address: 10 NE PLANTATION RD, # 203
City-St-Zip: STUART, FL 34996

Title: VPD () Delete
Name: MARTINO, JOHN
Address: 40 NE PLANTATION RD, # 409
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: CORLISS, PAUL
Address: 40 NE PLANTATION RD, # 311
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: GOMMERMAN, LAURIE
Address: 20 NE PLANTATION RD #202
City-St-Zip: STUART, FL 34996

Title: D (X) Change () Addition
Name: GLASS, JANICE
Address: 40NE PLANTATION RD., #414
City-St-Zip: STUART, FL 34996

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LYNN DITTMAR

PRES

03/13/2009

Electronic Signature of Signing Officer or Director

Date