

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

06-05-2006 90153 028 \*\*\*\*61.25

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06012006 Chg-NP CR2E037 (4/06)

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|--|--|--|---|--|--|
| <b>DOCUMENT # 755799</b><br>1. Entity Name<br><b>FOREST INLET CONDOMINIUM ASSOCIATION, INC.</b>  |  |  |   |  |  |
| Principal Place of Business<br><b>311 W MAIN STREET</b><br><b>INVERNESS, FL 34450 US</b>   |  |  | Mailing Address<br><b>311 W MAIN STREET</b><br><b>INVERNESS, FL 34450 US</b>  |  |  |
| 2. Principal Place of Business<br><b>P.O. Box 1041</b><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><b>P.O. Box 1041</b><br>Suite, Apt. #, etc.  |   |  |  |
| City & State<br><b>Inverness, Florida</b><br>Zip <b>34451</b> Country <b>Citrus</b>  |  | City & State<br><b>Inverness, Florida</b><br>Zip <b>34451</b> Country <b>Citrus</b>                                    |   | 4. FEI Number<br><b>59-2995855</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable                       |  |
| 6. Name and Address of Current Registered Agent<br><br><b>TWISS, KIM</b><br><b>311 W MAIN STREET</b><br><b>INVERNESS, FL 34450</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name <b>Tracy Knight</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>460 S. Snapp Ave.</b><br>City <b>Inverness</b> FL Zip Code <b>34453</b> |  |  |
| 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.<br><br>SIGNATURE: <u><i>Tracy Knight (Tracy Knight)</i></u> <span style="float: right;">6/1/06</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |  |   |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to</b><br><b>Florida Department of State</b>           |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |
| TITLE<br>VP<br>NAME<br>HIBBARD, TERRY<br>STREET ADDRESS<br>8723 E. MOONRISE LANE<br>CITY - ST - ZIP<br>FLORAL CITY, FL 34436   | <input checked="" type="checkbox"/> Delete |  | TITLE<br>VP<br>NAME<br>Hollesto, Marylow<br>STREET ADDRESS<br>6385 S. Tompaul Terr.<br>CITY - ST - ZIP<br>Floral City, FL 34436   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>P<br>NAME<br>MCDONALD, IAN<br>STREET ADDRESS<br>8765 E. ANGLERS COURT<br>CITY - ST - ZIP<br>FLORAL CITY, FL 34436   | <input checked="" type="checkbox"/> Delete |  | TITLE<br>P<br>NAME<br>James A. McClure<br>STREET ADDRESS<br>8721 E. Moonrise Lane<br>CITY - ST - ZIP<br>Floral City, FL 34436   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>S<br>NAME<br>HIBBARD, PAULINE<br>STREET ADDRESS<br>P.O. BOX 872<br>CITY - ST - ZIP<br>FLORAL CITY, FL 34436   | <input type="checkbox"/> Delete            |  | TITLE<br>S<br>NAME<br>Hibbard, Pauline<br>STREET ADDRESS<br>P.O. Box 872<br>CITY - ST - ZIP<br>Floral City, FL 34436  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>T<br>NAME<br>BAILEY, ALBERTA<br>STREET ADDRESS<br>8700 E MOONRISE LANE<br>CITY - ST - ZIP<br>FLORAL CITY, FL 34436  | <input checked="" type="checkbox"/> Delete |  | TITLE<br>T<br>NAME<br>Hibbard, Pauline<br>STREET ADDRESS<br>P.O. Box 872<br>CITY - ST - ZIP<br>Floral City, FL 34436  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| 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 if changed, or on an attachment with an address, with all other like empowered. |  |  |   |  |  |
| SIGNATURE: <u><i>Tracy Knight (Tracy Knight)</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  | Date <u>6-1-06</u> <span style="float: right;">352-560-3115</span><br><small>Daytime Phone #</small>  |  |  |