

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 755799

1. Entity Name  
FOREST INLET CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
POB 1041  
INVERNESS, FL 34451 US

Mailing Address  
POB 1041  
INVERNESS, FL 34451 US

08 OCT -3 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08252008 No Chg-NP CR2E037 (4/0)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2995855

5. Certificate of Status Desired ☐ \$8.75  
Fee Req.

6. Name and Address of Current Registered Agent

KNIGHT, TRACEY  
460 S. SNAPP AVE  
INVERNESS, FL 34453

**DO NOT WRITE  
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE Tracey H. Knight Tracey H. Knight bookkeeper 9/30/08  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25  
Due by September 12, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP  
NAME HOLLESTO, MARYLOU  
STREET ADDRESS 6385 S. TORNPAUL TERR  
CITY-ST-ZIP FLORAL CITY, FL 34436

TITLE P  
NAME HIBBARD, PHILLIP  
STREET ADDRESS P O BOX 872  
CITY-ST-ZIP FLORAL CITY, FL 34436

TITLE ST  
NAME HIBBARD, PAULINE  
STREET ADDRESS P.O. BOX 872  
CITY-ST-ZIP FLORAL CITY, FL 34436

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000136615170  
10/03/08--01049--008 \*\*61.25

**DO NOT WRITE  
IN THIS SPACE**

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 it 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 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tracey H. Knight Tracey H. Knight 9/30/08 352-560-3115  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

10/2/08