

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 767423

1. Entity Name
**INLET REEF CLUB CONDOMINIUM OWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**506 GULF SHORE DRIVE
DESTIN, FL 32541**

Mailing Address
**506 GULF SHORE DRIVE
DESTIN, FL 32541**



03092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2189457

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PURSER, VIRGINIA
506 GULF SHORE DRIVE
DESTIN, FL 32541**

**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, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000898417
04/25/08-80086-017 70.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
STRICKLAND, B D
13 CAMBRIDGE AVE N.E.
FORT WALTON BEACH, FL 32547**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MEYBERG, BILL
4940 E. 102ND ST.
TULSA, OK 74137**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS/T
HILL, CAROLYN
211 CALHOUN AVENUE
DESTIN, FL 32541**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MYERS, JOHN II
10517 LAKECOVE WAY
KNOXVILLE, TN 37922**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
D'ARENSBOURG, JED
721 JEFFERSON AVE
METAIRIE, LA 70001**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BEELER, THOMAS
12544 WILLOW COVE WAY
KNOXVILLE, TN 37922**

**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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-08 850-837-2303

Date

Daytime Phone #