


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90084 002 ****61.25

DOCUMENT # 768389 1. Entity Name THE INLETS COMMON FACILITIES CORPORATION, INC.	
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Principal Place of Business 200 INLETS BLVD NOKOMIS, FL 34275	Mailing Address 200 INLETS BLVD NOKOMIS, FL 34275
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DO NOT WRITE IN THIS SPACE



04022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2315400	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent EDWARDS, KEVIN L BECKER & POLIAKO H., P.A. 630 SOUTH ORANGE AVE. SARASOTA, FL 34236	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAY, ELMERC 90 INLETS BLVD NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ISENBERG, LAWRENCE 54 INLETS BLVD NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAKTER, CHANNING Wimberly, David 104 INLETS BLVD 101 Inlets Blvd. NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HISBELL, JAMES Cargill, Simon 26 INLETS BLVD 400 Carnegie House Lane #201-A NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARIE, HENRY 175 INLETS BLVD NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JAMES Donahoe, James 82 INLETS BLVD 154 Inlets Blvd. NOKOMIS, FL 34275

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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: X Marie T. Henry Marie T. Henry 4/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #