

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768389

FILED
Apr 08, 2009
Secretary of State

Entity Name: THE INLETS COMMON FACILITIES CORPORATION, INC.

Current Principal Place of Business:

200 INLETS BLVD
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

200 INLETS BLVD
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 59-2315400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, PA
ATTN: KEVIN EDWARDS
630 SOUTH ORANGE AVE.
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

MOUNT, JUDY R SEC.
200 INLETS BLVD.
NOKOMIS, FL 34275 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: JUDY R. MOUNT

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ISENBERG, LAWRENCE
Address: 54 INLETS BLVD.
City-St-Zip: NOKOMIS, FL 34275

Title: VD () Delete
Name: DONAHOE, JAMES C
Address: 154 INLETS BLVD.
City-St-Zip: NOKOMIS, FL 34275

Title: SD () Delete
Name: WIMBERLY, DAVID
Address: 101 INLETS BLVD.
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: CARGILL, SIMON
Address: 400 CARRIAGE HOUSE LANE #201-A
City-St-Zip: NOKOMIS, FL 34275

Title: TD () Delete
Name: MARIE, HENRY
Address: 175 INLETS BLVD
City-St-Zip: NOKOMIS, FL 34275

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: BYERS, DONALD
Address: 188 INLETS BLVD.
City-St-Zip: NOKOMIS, FL 34275

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

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

Title: D () Change (X) Addition
Name: BAAR, HAL
Address: 13 INLETS BLVD.
City-St-Zip: NOKOMIS, FL 34275

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: MARIE HENRY

TD

04/08/2009

Electronic Signature of Signing Officer or Director

Date