

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768389

**FILED**  
**Apr 05, 2012**  
**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:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DONAHOE, JAMES  
Address: 154 INLETS BLVD.  
City-St-Zip: NOKOMIS, FL 34275

Title: VD  
Name: ISENBERG, LAWRENCE  
Address: 54 INLETS BLVD.  
City-St-Zip: NOKOMIS, FL 34275

Title: SD  
Name: DAVIS, JANE  
Address: 32 INLETS BLVD.  
City-St-Zip: NOKOMIS, FL 34275

Title: D  
Name: JEANNE, GILLESPIE  
Address: 108 INLETS BLVD  
City-St-Zip: NOKOMIS, FL 34275

Title: D  
Name: GREENE, JOHN  
Address: 146 INLETS BLVD  
City-St-Zip: NOKOMIS, FL 34275

Title: D  
Name: BAAR, HAL  
Address: 13 INLETS BLVD.  
City-St-Zip: NOKOMIS, FL 34275

I hereby 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 all other like empowered.

SIGNATURE: JUDY MOUNT

SEC

04/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date