

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90085 044 ****61.25

DOCUMENT # N00000001106

1. Entity Name

INNERGARY POINT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 837
VALRICO FL 33595

Mailing Address

P.O. BOX 837
VALRICO FL 33595

2. Principal Place of Business

P.O. Box 837
Suite, Apt. #, etc.
Valrico FL

3. Mailing Address

P.O. Box 837
Suite, Apt. #, etc.



1st MOORE CR2E037 (10/04)

City & State

Valrico, FL

City & State

Valrico, FL

4. FEI Number

59-3625839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INNERGARY POINT HOMEOWNERS ASSOC
P.O. BOX 837
831 INNERGARY PL
VALRICO FL 33594

7. Name and Address of New Registered Agent

Name: Ennergary Point Homeowners Assoc
Street Address: 911 Innergarry Place
City: Valrico
FL Zip Code: 33595

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

Jim Brunswick
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRUNSWICK, JIM	
STREET ADDRESS	911 INNERGARY PL	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BERNADINE, ROY	
STREET ADDRESS	P.O. BOX 837	
CITY-ST-ZIP	VALRICO FL 33595	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HODGES, THOMAS	
STREET ADDRESS	P.O. BOX 837	
CITY-ST-ZIP	VALRICO FL 33595	
TITLE	T	<input type="checkbox"/> Delete
NAME	LIVINGSTON, VONDA	
STREET ADDRESS	P.O. BOX 837	
CITY-ST-ZIP	VALRICO FL 33595	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	911 Innergarry Place (correction)
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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
Jim Brunswick

Date

Daytime Phone #