

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90203 050 ****61.25

DOCUMENT # N03000004806 1. Entity Name INLET COVE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 3620 PEORIA ROAD ORANGE PARK, FL 32065		Mailing Address 3620 PEORIA ROAD ORANGE PARK, FL 32065	
2. Principal Place of Business 2516 Marlin Ct Suite, Apt. #, etc.		3. Mailing Address 2516 Marlin Ct Suite, Apt. #, etc.	
City & State Middleburg, FL Zip Country 32068 Clay		City & State Middleburg, FL Zip Country 32068 Clay	
4. FEI Number 20-0881135		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WRIGHT, L. JOHN 3620 PEORIA ROAD ORANGE PARK, FL 32065		7. Name and Address of New Registered Agent Name Janis Klich Street Address (P.O. Box Number is Not Acceptable) 2536 Marlin Ct 2516 Marlin Ct. City Middleburg FL Zip Code 32068	
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 <u>Janis Klich</u> DATE <u>4-23-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME WRIGHT, L. JOHN STREET ADDRESS 3620 PEORIA ROAD CITY-ST-ZIP ORANGE PARK, FL 32065	<input checked="" type="checkbox"/> Delete	TITLE P NAME Darcy Miller STREET ADDRESS 2512 Marlin Ct CITY-ST-ZIP Middleburg, FL 32068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME SMITH, CHRISTINE STREET ADDRESS 3620 PEORIA ROAD CITY-ST-ZIP ORANGE PARK, FL 32065	<input checked="" type="checkbox"/> Delete	TITLE V NAME Erin Vance STREET ADDRESS 2519 Marlin Ct CITY-ST-ZIP Middleburg, FL 32068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME WRIGHT, KATHY STREET ADDRESS 3620 PEORIA ROAD CITY-ST-ZIP ORANGE PARK, FL 32065	<input checked="" type="checkbox"/> Delete	TITLE S NAME Dana Truluck STREET ADDRESS 2523 Marlin Ct CITY-ST-ZIP Middleburg, FL 32068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE T NAME Janis Klich STREET ADDRESS 2536 Marlin Ct 2516 Marlin Ct CITY-ST-ZIP Middleburg, FL 32068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Dana M Truluck - Secretary</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-22-06</u> Daytime Phone # <u>904-278-4312</u>	

enclosed Check # 1025