

**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
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2. Principal Place of Business <i>2516 Marlin Ct</i>	3. Mailing Address <i>2516 Marlin Ct</i>
Suite, Apt. #, etc. _____	Suite, Apt. #, etc. _____
City & State <i>Middleburg, FL</i>	City & State <i>Middleburg, FL</i>
Zip <i>32068</i>	Country <i>Clay</i>
Zip <i>32068</i>	Country <i>Clay</i>

6. Name and Address of Current Registered Agent  WRIGHT, L. JOHN 3620 PEORIA ROAD ORANGE PARK, FL 32065
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4. FEI Number 20-0881135	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent  Name <i>Janis Klisch</i> Street Address (P.O. Box Number is Not Acceptable) <i>2516 Marlin Ct 2516 Marlin Ct.</i> City <i>Middleburg</i> Zip Code <i>FL 32068</i>	

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

*Janis S. Klisch*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-06

**Filing Fee is \$61.25  
Due by May 1, 2006**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, L. JOHN 3620 PEORIA ROAD ORANGE PARK, FL 32065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Darcy Miller 2512 Marlin Ct Middleburg, FL 32068</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CHRISTINE 3620 PEORIA ROAD ORANGE PARK, FL 32065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Erin Vance 2519 Marlin Ct Middleburg, FL 32068</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, KATHY 3620 PEORIA ROAD ORANGE PARK, FL 32065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Dana Truluck 2523 Marlin Ct Middleburg, FL 32068</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Janis Klisch 2516 Marlin Ct Middleburg, FL 32068</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <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: *Dana M Truluck - Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-06

904-278-4312

Date Daytime Phone #

Enclosed Check # 1025