

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010689

FILED  
Apr 28, 2006  
Secretary of State

**Entity Name:** MANGROVES AT INLET SHORES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

713 LIVE OAK STREET  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

713 LIVE OAK STREET  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

**FEI Number:** 20-0894431

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILEY, DAVID J  
713 LIVE OAK STREET  
NEW SMYRNA BEACH, FL 32168 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: D ( ) Delete  
Name: WILEY, DAVID  
Address: 713 LIVE OAK STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: D ( ) Delete  
Name: SOLOSE, THOMAS  
Address: 5889 AIRPORT ROAD SUITE 208  
City-St-Zip: PORT ORANGE, FL 32128 US

Title: D ( ) Delete  
Name: WILLIAMS, JAMES L  
Address: 111 MANGROVES ESTATES DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: LONGAKER, SHERRY  
Address: 112 MANGROVES ESTATES DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID WILEY

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date