

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010689

FILED
Apr 08, 2009
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: DS () Delete
Name: LIGOTINO, BEVERLY
Address: 124 MANGROVE ESTATES CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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

Title: D P () Delete
Name: ARNDT, JEFFREY
Address: 148 MANGROVES ESTATES DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: D () Delete
Name: WILLIAMS, JIM
Address: 111 MANGROVE ESTATES CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SOLOSE, CINDY
Address: 119 MANGROVE ESTATES CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

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

Title: D T (X) Change () Addition
Name: SYVERSON, CHERI
Address: 106 MANGROVE ESTATES CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Change (X) Addition
Name: VACCARO, VIC
Address: 136 MANGROVE ESTATES CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information supplied with this filing does not qualify 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: JEFF ARNDT

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date