

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002698

FILED  
Apr 30, 2005  
Secretary of State

**Entity Name:** ISLAND VILLAGE INLET CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1770 SEAWAY DR  
FT PIERCE, FL 34949

**New Principal Place of Business:**

1720 SEAWAY DR  
FT PIERCE, FL 34949

**Current Mailing Address:**

1770 SEAWAY DR  
FT PIERCE, FL 34949

**New Mailing Address:**

PO BOX 627  
STUART, FL 34995

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BERNSTEIN, FREDRIC  
1770 SEAWAY DR  
FT PIERCE, FL 34949 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: DP ( ) Delete  
Name: BERNSTEIN, FREDRIC  
Address: PO BOX 415  
City-St-Zip: STUART, FL 34995

Title: DVST ( ) Delete  
Name: NOLLER, KATHIE  
Address: PO BOX 627  
City-St-Zip: STUART, FL 34995

Title: D ( ) Delete  
Name: NOLLER, DAVID  
Address: PO BOX 627  
City-St-Zip: STUART, FL 34995

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FRED BERNSTEIN

DP

04/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date