

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04835

FILED
Mar 23, 2006
Secretary of State

Entity Name: INLET PLACE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

5394 SE INLET PLACE
STUART, FL 34997 US

New Principal Place of Business:

5414 SE INLET PLACE
STUART, FL 34997 US

Current Mailing Address:

5394 SE INLET PLACE
STUART, FL 34997 US

New Mailing Address:

5414 SE INLET PLACE
STUART, FL 34997 US

FEI Number: 59-2447455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARY, MEISSNER
5394 SE INLET PL
STUART, FL 34997 US

Name and Address of New Registered Agent:

AL, KILLIAN
5414 SE INLET PL
STUART, FL 34997 US

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: AL KILLIAN

03/23/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: ROSS, KEN
Address: 5354 SE INLET PLACE
City-St-Zip: STUART, FL 34997

Title: PRES () Delete
Name: FORD, KIRK
Address: 5454 SE INLET PLACE
City-St-Zip: STUART, FL 34997

Title: S/T () Delete
Name: MEISSNER, MARY
Address: 5394 SE INLET PLACE
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: WICHERS, TOM
Address: 5393 SE INLET PLACE
City-St-Zip: STUART, FL 34997

Title: PRES (X) Change () Addition
Name: KILLIAN, AL
Address: 5414 SE INLET PLACE
City-St-Zip: STUART, FL 34997

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 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: MARY MEISSNER

S/T

03/23/2006

Electronic Signature of Signing Officer or Director

Date