

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04835

FILED
Mar 26, 2008
Secretary of State

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

Current Principal Place of Business:

5393 SE INLET PLACE
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

5393 SE INLET PLACE
STUART, FL 34997 US

New Mailing Address:

FEI Number: 59-2447455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AL, KILLIAN
5414 SE INLET PL
STUART, FL 34997 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: PRES () Delete
Name: WICHES, TOM
Address: 5393 SE INLET PLACE
City-St-Zip: STUART, FL 34997

Title: VP () Delete
Name: KILLIAN, AL
Address: 5414 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: () 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 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

SEC

03/26/2008

Electronic Signature of Signing Officer or Director

Date