

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90183 036 \*\*\*\*61.25

**DOCUMENT # N05000002187**

1. Entity Name  
**INLET POINTE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**314 INLET WAY UNIT 301  
WEST PALM BEACH, FL 33404**

Mailing Address  
**314 INLET WAY UNIT 301  
WEST PALM BEACH, FL 33404**

**40036139**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**20-2437460**

Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SLOCAM, ANNE M  
314 INLET WAY UNIT 301  
WEST PALM BEACH, FL 33404**

7. Name and Address of New Registered Agent

Name **ANNE M. SLOCUM**

Street Address (P.O. Box Number is Not Acceptable)

**314 Inlet Way Apt 301**

City **WEST PALM BEACH**

FL

Zip Code

**33404**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Anne M. Slocum**

*Anne M. Slocum*

**2/29/08**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DST  
SLOCUM, ANNE  
314 INLET WAY #301  
PALM BEACH SHORES, FL 33404** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DV  
MAGEE, JOEL  
314 INLET WAY, #203  
PALM BEACH SHORES, FL 33404** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DP  
LORBER, BRUCE  
16138 BENNYE LEE DRIVE  
POWAY, CA 92064** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Anne M. Slocum* **Anne M. Slocum**

**2/29/08**

**561346044**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #