


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90223 033 ****61.25

| | |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # N08412 |  |
| 1. Entity Name THE INLETS CARRIAGE HOMES CONDOMINIUM ASSOCIATIO N, INC. | |

| | |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Principal Place of Business 201 INLETS BLVD. NOKOMIS FL 34275 | Mailing Address 201 INLETS BLVD. NOKOMIS FL 34275 |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|---------------------------------------|---------------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|---------------------------------|----------------|
| 4. FEI Number 59-2826590 | Applied For |
| | Not Applicable |

| | |
|------------------------------------------------------------------|-------------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|------------------------------------------------------------------|-------------------------------------------|

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|--------------------------------------------------------|
| 6. Name and Address of Current Registered Agent |
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|-------------------------------------------------------------------------------------|
| CAPPS, HOWARD L 200 CARRIAGE HOUSE LANE NOKOMIS FL 34275 |
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|----------------------------------------------------|
| 7. Name and Address of New Registered Agent |
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|----------------------------------------------------|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| FL |
| Zip Code |

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.

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|------------------|--------------------------------------------------------------|-------------|
| SIGNATURE | (NOTE: Registered Agent signature required when reinstating) | DATE |
|------------------|--------------------------------------------------------------|-------------|

FILE NOW: FEE IS \$61.25

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

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

**Make Check Payable to
Florida Department of State**

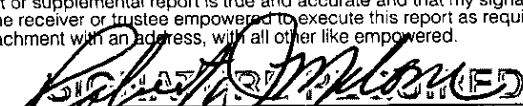
| |
|-----------------------------------|
| 10. OFFICERS AND DIRECTORS |
|-----------------------------------|

| | | |
|-----------------------|-------------------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RANDALL, TOM | |
| STREET ADDRESS | 600 CARRIAGE HOUSE LANE #204 | |
| CITY-ST-ZIP | NOKOMIS FL 34275 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | MILONE, ROBERT | |
| STREET ADDRESS | 600 CARRIAGE HOUSE LANE, SUITE 202 | |
| CITY-ST-ZIP | NOKOMIS FL 34275 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | WALTERS, LYN | |
| STREET ADDRESS | 600 CARRIAGE HOUSE LANE #104D | |
| CITY-ST-ZIP | NOKOMIS FL 34275 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | REMSEN, MARY | |
| STREET ADDRESS | 400 CARRIAGE HOUSE LANE #202 | |
| CITY-ST-ZIP | NOKOMIS FL 34275 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NELSON, SUSAN | |
| STREET ADDRESS | 400 CARRIAGE HOUSE LN - #204A | |
| CITY-ST-ZIP | NOKOMIS FL 34275 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|--------------------------------------------------------------|
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |
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| | | |
|-----------------------|-------------------------|------------------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 218 INLETS BLVD. | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify 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 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: 

CR2E037 (10/02)