


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N10062 1. Entity Name INLET YACHT CLUB, INC.	
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Principal Place of Business 1625 WEST MARION AVENUE #6 PUNTA GORDA, FL 33950	Mailing Address 1625 WEST MARION AVENUE #6 PUNTA GORDA, FL 33950 US
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05022005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0263746	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCQUEEN, PAULA F
1625 W. MARION AVENUE ST.6
PUNTA GORDA, FL 33950

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U00000360904 05/05/05-80052-009 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEBB, SANKEY E III 1625 W. MARION, SUITE 6 PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCQUEEN, ROBERT N. 1625 W. MARION AVE. PUNTA GORDA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSVP MCQUEEN, PAULA F. 1625 W. MARION AVE. PUNTA GORDA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Paula F. McQueen 5/1/05 239-872-0892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #