2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2008 8:00 am
Secretary of State
06-02-2008 90005 041 ****61.25

DOCUMENT # N10878

1. Entity Name
INLET CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
257 MINORCA BEACH WAY NEW SMYRNA BEACH, FL 32169	257 MINORCA BEACH WAY NEW SMYRNA BEACH, FL 32169

01042008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2632197 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LANDRY, CLAUDINE 257 MINORCA BEACH WAY NEW SMYRNA BEACH, FL 32169	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.

SIGNATURE Claudine F Landry Registered Agent 05/29/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when executing) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD APPLEGATE, GEOFF 257 MINORCA BEACH WAY #1603 NEW SMYRNA BEACH, FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JIM ~~BOARD~~ BOLAND 257 Minorca Bch Way #1504 New Smyrna Bch FL 32169 ☐ Chang ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ALLEGROE, BOB 257 MINORCA BEACH WAY, #1704 NEW SMYRNA BEACH, FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NORM ORTIS 257 MINORCA Beach Way #505 New Smyrna Beach, FL 32169 ☐ Chang ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KELLEY, RAY 257 MINORCA BEACH WAY, #1104 NEW SMYRNA BEACH, FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Chang ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CAKE, MARGARET 257 MINORCA BEACH WAY #806 NEW SMYRNA BEACH, FL 32169	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Chang ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MADDOX, JOE 257 MINORCA BEACH WAY #1107 NEW SMYRNA BEACH, FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Chang ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLEY, RAY 257 MINORCA WAY #1104 NEW SMYRNA BEACH, FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Chang ☐ Addition

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: [signature] 06/18/08 (386)409-9212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #