

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90065 050 ****61.25

DOCUMENT # N32796

1. Entity Name
INLET VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
2120 VILLA WAY
NEW SMYRNA BEACH, FL 32169

Mailing Address
PO BOX 2528
NEW SMYRNA BEACH, FL 32169-2068

50014711



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3020828

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

7. Name and Address of New Registered Agent

MANGINI, JOHN P
2120 VILLA WAY
NEW SMYRNA BCH, 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

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, 2005

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 SD ☒ Delete
NAME HUMM, EDMOND
STREET ADDRESS 2106 VILLA WAY
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE ☐ Change ☒ Addition
NAME ~~BOARD MEMBER~~
NAME ~~HUMM, EDMOND~~
STREET ADDRESS 2106 VILLA WAY
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE PD ☒ Delete
NAME MANGINI, JOHN
STREET ADDRESS 2120 VILLA WAY
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE PD ☐ Change ☐ Addition
NAME WAYNE SMITH
STREET ADDRESS 2107 VILLA WAY
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE SD ☐ Delete
NAME MANGINI, JEAN
STREET ADDRESS 2120 VILLA WAY
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE ☒ Change ☐ Addition
NAME MANGINI, JOHN
STREET ADDRESS 2120 VILLA WAY
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE VPD ☐ Delete
NAME ANDERSON, JERRY
STREET ADDRESS 2132 VILLA WAY
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Edmond R. Humm
Edmond R. HUMM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/05

386-426-1557

Date

Daytime Phone #