

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32796

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** INLET VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2120 VILLA WAY  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

2106 VILLA WAY  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

PO BOX 2528  
NEW SMYRNA BEACH, FL 321692068

**New Mailing Address:**

350 NORTH CAUSEWAY  
NEW SMYRNA BEACH, FL 32169

**FEI Number:** 59-3020828

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MANGINI, JOHN P  
2120 VILLA WAY  
NEW SMYRNA BCH, FL 32169 US

**Name and Address of New Registered Agent:**

WATERS, WILLIAM  
2106 VILLA WAY  
NEW SMYRNA BCH, FL 32169 US

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.

SIGNATURE: WILLIAM WATERS

01/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WATERS, WILLIAM  
Address: 2106 VILLA WAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T  
Name: LEVY, ROBERT  
Address: 2141 VILLA WAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VPD  
Name: BAILEY, ROCK  
Address: 1515 N. PENINSULA AVE.  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S  
Name: MANGINI, JEAN  
Address: 2120 VILLA WAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM WATERS

PD

01/13/2011

Electronic Signature of Signing Officer or Director

Date