


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90063 034 \*\*\*\*61.25

|  |  |   |   |
|--|--|---|---|
| <b>DOCUMENT # N94000000572</b><br>1. Entity Name<br><b>THE INLETS AT RIVERDALE NEIGHBORHOOD ASSOCIATION, INC.</b>  |  |    |   |
| Principal Place of Business<br><b>1205 MANATEE AVE W<br/>BRADENTON, FL 34205</b>   |  | Mailing Address<br><b>1205 MANATEE AVE W<br/>BRADENTON, FL 34205</b>  |   |
| 2. Principal Place of Business<br><b>4301 32nd Street West</b><br>Suite, Apt. #, etc.<br><b>Suite A20</b><br>City & State<br><b>Bradenton, Florida</b><br>Zip<br><b>34205</b>  |  | 3. Mailing Address<br><b>4301 32nd Street West</b><br>Suite, Apt. #, etc.<br><b>Suite A20</b><br>City & State<br><b>Bradenton, FL</b><br>Zip<br><b>34205</b>  |   |
| 4. FEI Number<br><b>65-0529698</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Name and Address of Current Registered Agent<br><b>HAMLIN, CURTIS D<br/>1205 MANATEE AVE W<br/>BRADENTON, FL 34205</b>  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>   |   |
| <b>\$5.00 May Be Added to Fees</b>   |  | <b>Make check payable to<br/>Florida Department of State</b>  |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>GEE, MYLES<br>4616 SWORDFISH DR.<br>BRADENTON, FL 34208 <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>SHUCK, Debbie<br>4746 PINNACLE DR<br>BRADENTON, FL 34208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>RICHERT, CHERYL<br>4721 PINNACLE DR.<br>BRADENTON, FL 34208 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>BROTHERS, FRED<br>333 BOW LANE<br>BRADENTON, FL 34208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>BERNADUCCI, BEN<br>4751 PINNACLE DR<br>BRADENTON, FL 34208 <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>NOLAN, STEPHANIE<br>331 BOW LANE<br>BRADENTON, FL 34208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>ALCORN, ANDREW<br>153 AMERICAS CUP BLVD.<br>BRADENTON, FL 34208 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>CHAPMAN, William<br>4712 CLIPPER DR<br>BRADENTON, FL 34208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>COURTNEY, DON<br>4516 SHARK DRIVE<br>BRADENTON, FL 34208 <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>D'ALUSIO, John<br>4629 BARRACUDA DR<br>BRADENTON, FL 34208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>LYNCH, SEAN<br>4415 SWORDFISH DR.<br>BRADENTON, FL 34208 <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>Kelley, William<br>4515 SHARK DR<br>BRADENTON, FL 34208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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. |  |   |   |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  | 3/6/06 941 722 8077<br><small>Date Daytime Phone #</small>  |   |