FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # N9400000574 (3)

| Corporation Name | | | | • | • | (-, |
|------------------|-----------|------|------|---|---|-----|
| THE INLETS AT | RIVERDALE | WEST | INC. | | | |

| THE INLETS AT RIVERDALE WEST, INC. | | | | | | | | | | | | |
|------------------------------------|-----------------|--|------------|---|------------|-----------------------|---|--|---|-------------------------------------|--|--|
| Principal Place | of Business | i | Má | illing Address | | ···· | | | 8 1 3 1 5 5 5 5 5 5 5 5 | ((1) (8 B)) 8 16) 169) | | |
| 1205 MANAT BRADENTON | | | | 205 MANATEE AVE W BRADENTON FL 34205 | | | | | | | | |
| | | | | | | | | 3. Date Incorporated or Qualified 01/28/1994 | 3a. Date of Las 04/12/ | | | |
| 2. Principal Pl | ace of Busin | ess | <u> </u> | Mailing Address | | | | 4. FEI Number | | Applied For | | |
| 21 | | | 26 | 0 : 4 : 6 : | | | | 65-0529697 | | Not Applicable | | |
| Suite, Apt. | #, etc. | | 27 | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | 5 Additional Required | | |
| City & State | e | | - 27 | City & State | | | | 6. Election Campaign Financing | | 00 May Be | | |
| 23 | | | 28 | ¬ ' | | | | Trust Fund Contribution | 1 1 | led to Fees | | |
| Zip | · | Country | | Zip Country | | | This corporation has liability for intangible tay under s. 199.032, | | | | | |
| 24 | | 25 | 29 | | 30 | | | Florida Statutes 🔲 Yes 🖫 No | | | | |
| | 9. Name | and Address of Currer | nt Regis | tered Agent | | | | 10. Name and Address of New Re | gistered Agent | | | |
| | | | | | | 81 | Name | | | | | |
| | , curtis i | | | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptable |) | | | |
| | ANATEE A | | | | | 83 | | | | | | |
| BRADEN | VTON FL 3 | 4205 | | | | 53 | | | | | | |
| • | | | | | | 84 | City | | FL 85 2 | Zip Code | | |
| or register | red agent, or | ions of Sections 617.0502 both, in the State of Flori ipt the obligations of, Sect | da. Such | i change was authorize | ed by the | LI. ove-n corpo | amed corpo oration's boa | pration submits this statement for the purp and of directors. Thereby accept the appo | ose of changing its | registered office ed agent. I am | | |
| SIGNATURE | | | | | | | | | | | | |
| 12. | Signature typec | or printed name of registered ages to OFFICERS AN | | | 13. | i agai | Signature region | ad when rematiting) ADDITIONS CHANGES TO OFFICE | DATE LESS AND DISECT | ORS IN 12 | | |
| TITLE | DP | 011102107119 | D DII 1E C | DELETE | 111 | TLE | | | Change | | | |
| NAME | 1 - | P, RICHARD B | | _ | 12 N | AME | | | | | | |
| STREET ADDRESS | | LEN OAKS MANOR D | R | | 138 | TREET | ADORESS | | | | | |
| CITY - ST - ZIP | SARAS | OTA FL 34232 | | | 140 | ITY-SI | r-21P | | | | | |
| THILE | ST | | | DELETE | 21 T | TL F | | | Change | Addition | | |
| NAME | BISHOI | P, ARLENE | | | 2 2 N | AME | | | | | | |
| STREET ADDRESS | 3763 G | LEN OAKS MANOR D | R | | 235 | TREFT | ADDRESS | | | | | |
| CITY - ST - ZIP | SARAS | OTA FL 34232 | | · . · · · · · · · · · · · · · · · · · · | 2 4 (| IIY-S | * - <u>Z</u> P | | | | | |
| TITLE | DV | | | ☐ DĒLĒTE | 317 | "l E | ľ | 00000 | ☐ Change | Addition | | |
| NAME | | G, KENNETH | | | 3 2 N | AME | | 90000176 -04/01/960101 | ဎၟၛၟၛၟႜ | | | |
| STREET ADDRESS | | TH AVE E | | | 3 3 S | THEET | ADDRESS | ***61.25 | 3002 | | | |
| CITY - ST - ZIP | • | NTON FL 34208 | | T DELETE | | HY-S | T-Z-P | ***O1.CO | — | F-1 4 1 60 | | |
| TITLE | AS | D 01011400 | | DELETE | 421 | | | | Change | Addition | | |
| NAME | | , P. RICHARD | | | 4 21 | | | | | | | |
| STREET ADDRESS | | LENGARY STREET | | | | | AUDRESS | | | | | |
| CITY-ST-ZIP TITLE | SARAS | UIA PL | | DELETE | 44C 51T | ITY - S | I - 71P | | ☐ Change | Addition | | |
| NAME | | | | Ljoccore | 52 N | | | | onange | ☐ Vegution | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | | HY-S | | | | | | |
| TITLE | | | | DELETE | 61 T | | 1-21- | | Change | Addition | | |
| NAME | | | | _ | 62 N | | | | | Va Va | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | 02°21 | | |
| CITY - ST-ZIP | | | | | | HY-S | | | | 18 | | |
| | ov certify that | the information shupling | Min Inis | filing is voluntarily furni | | | | for the exemption stated in Section 119.0 | 7(3)(k) Florida Stati | utes. I further | | |

certify that the information indicated on this annual report as upplemental annual report in 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 employed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 18 if changed or or an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

9411-921-5393

CR2E037 (12/9