

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90255 003 \*\*\*\*61.25

**DOCUMENT # N95000005055**

1. Entity Name

**INLET COVE ASSOCIATION, INC.**



Principal Place of Business

**690 NE 15 PL  
BOYNTON BCH FL 33435  
US**

Mailing Address

**690 NE 15 PL  
BOYNTON BCH FL 33435  
US**



2. Principal Place of Business  
**670 NE 15 P1**

3. Mailing Address  
**670 NE 15 P1**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State  
**Boynton Beach, FL**

City & State  
**Boynton Beach, FL**

4. FEI Number  
**NO-T APPLICABLE**

Applied For  
Not Applicable

Zip  
**33435**

Country  
**USA**

Zip  
**33435**

Country  
**USA**

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

**HOMRICH, STEVE  
690 NE 15 PL  
BOYNTON BEACH FL 33435**

Name  
**Stan Nitkowski**

Street Address (P.O. Box Number is Not Acceptable)  
**670 NE 15 P1**

City  
**Boynton Beach, FL**

Zip Code  
**33435**

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 **Stan Nitkowski**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**03-13-06**

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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  
HOMRICH, STEVE  
690 NE 15 PL  
BOYNTON BEACH FL 33435** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
Stan Nitkowski  
670 NE 15 P1  
Boynton Beach, FL 33435** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
EDWARDS, BRIAN  
629 NE 9 AVE  
BOYNTON BEACH FL 33435** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
Bob Darr  
902 NE 7th St.  
Boynton Beach, FL 33435** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
MORRIS, GENEVIEVE  
660 SOUTH ROAD  
BOYNTON BEACH FL 33435** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
Nancy Chandler  
914 NE 7th St  
Boynton Beach, FL 33435** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
DACAMARA, LULU  
836 EAST DR  
BOYNTON BEACH FL 33435** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
Nancy Chandler  
914 NE 7th St  
Boynton Beach, FL 33435** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

**Genevieve Morris**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(561)-355-6393  
3/13/06**