

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90332 004 ****61.25

DOCUMENT # N95000005055 1. Entity Name INLET COVE ASSOCIATION, INC.					
Principal Place of Business 670 NE 15 OL BOYNTON BCH, FL 33435 US			Mailing Address 670 NE 15 OL BOYNTON BCH, FL 33435 US		
2. Principal Place of Business - No P.O. Box # 836 East Drive Suite, Apt. #, etc.		3. Mailing Address 836 East Drive Suite, Apt. #, etc.			
City & State Boynton Beach, FL		City & State Boynton Beach, FL		4. FEI Number NOT APPLICABLE	
Zip 33435		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NITKOWSKI, STAN 670 NE 15 PL BOYNTON BEACH, FL 33435				7. Name and Address of New Registered Agent Name Lulu DaCamara Street Address (P.O. Box Number is Not Acceptable) 836 East Drive 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 <u>Lulu DaCamara</u> <i>Lulu DaCamara</i> 4/11/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NITKOWSKI, STAN 670 NE 15 PL BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lulu DaCamara 836 East Drive Boynton Beach, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DARR, BOB 902 NE 7TH ST BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Buck Buchanan 807 Ocean Inlet Dr Boynton Beach, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORRIS, GENEVIEVE 660 SOUTH ROAD BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additions/changes)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHANDLER, NANCY 914 NE 7TH ST BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additions/changes)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for officers and directors)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additions/changes)				
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.					
SIGNATURE: <u>Genevieve Morris</u> <i>Genevieve Morris</i> 4/10/07 561 762-8459 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					