

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

04102007 Chg-NP CR2E037 (12/06)

Zip

33435

Country

USA

Zip

33435

Country

USA

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired **\$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

Lulu DaCamara

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

(NOTE: Registered Agent signature required when re-registering)

4/10/07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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
NITKOWSKI, STAN
670 NE 15 PL
BOYNTON BEACH, FL 33435

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
Lulu DaCamara
836 East Drive
Boynton Beach, FL 33435

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
DARR, BOB
902 NE 7TH ST
BOYNTON BEACH, FL 33435

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
Buck Buchanan
807 Ocean Inlet Dr

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

Boynton Beach, FL 33435

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
CHANDLER, NANCY
914 NE 7TH ST
BOYNTON BEACH, FL 33435

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

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 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: *Genevieve Morris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07 561 762-8459

Date

Daytime Phone #

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

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