

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000572

**Entity Name:** THE INLETS AT RIVERDALE NEIGHBORHOOD ASSOCIATION, INC.**FILED**  
**Mar 12, 2025**  
**Secretary of State**  
**9009173795CC****Current Principal Place of Business:**2970 UNIVERSITY PARKWAY  
104  
SARASOTA, FL 34243**Current Mailing Address:**2970 UNIVERSITY PARKWAY  
104  
SARASOTA, FL 34243 US**FEI Number: 65-0529698****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ACCESS , MANAGEMENT  
2970 UNIVERSITY PARKWAY  
SUITE 104  
SARASOTA, FL 34243 US*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.***SIGNATURE:** ACCESS MANAGEMENT**03/12/2025**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** TREASURER  
**Name** ROEHL, BARBARA  
**Address** 2970 UNIVERSITY PARKWAY  
104  
**City-State-Zip:** SARASOTA FL 34243**Title** DIRECTOR  
**Name** IRVIN, DONALD  
**Address** 2970 UNIVERSITY PARKWAY  
104  
**City-State-Zip:** SARASOTA FL 34243**Title** DIRECTOR  
**Name** GIUDICI, JANICE  
**Address** 2970 UNIVERSITY PARKWAY  
104  
**City-State-Zip:** SARASOTA FL 34243**Title** PRESIDENT  
**Name** CODY, MICHAEL  
**Address** 2970 UNIVERSITY PARKWAY  
104  
**City-State-Zip:** SARASOTA FL 34243**Title** VP  
**Name** DELVALLE, CHRIS  
**Address** 2970 UNIVERSITY PARKWAY  
104  
**City-State-Zip:** SARASOTA FL 34243**Title** DIRECTOR  
**Name** GEHR, EVA  
**Address** 2970 UNIVERSITY PARKWAY  
104  
**City-State-Zip:** SARASOTA FL 34243**Title** SECRETARY  
**Name** THOMAS, JOHN  
**Address** 2970 UNIVERSITY PARKWAY  
104  
**City-State-Zip:** SARASOTA FL 34243

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MICHAEL CODY**PRESIDENT****03/12/2025**

Electronic Signature of Signing Officer/Director Detail

Date