

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **706477**
1. Corporation Name

Intercondominium Group, Inc.

99 JUN 23 AM 8:49

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

Amended AIR

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	APM	26	APM	11/26/1963	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
400 S. Dixie Hwy, #10		400 S. Dixie Hwy, #10		59-251163	
City & State		City & State		Applied For	
Lake Worth, FL		Lake Worth, FL		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	33460 USA	29	33460 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
				81	Name Associated Property Management			
				82	Street Address (P.O. Box Number is Not Acceptable) 400 S. Dixie Hwy, #10			
				83				
				84	City Lake Worth	FL	85	Zip Code 33460

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* v/p DATE **5/18/99**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Jack Rym			1.2 NAME	400002927504--3		
STREET ADDRESS	2545 S. Ocean Blvd #209			1.3 STREET ADDRESS	-07/09/99--01074--012		
CITY-ST-ZIP	Palm Beach, FL 33480			1.4 CITY-ST-ZIP	*****61.25 *****61.25		
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Sigrid Colgan			2.2 NAME			
STREET ADDRESS	2545 S. Ocean Blvd #			2.3 STREET ADDRESS			
CITY-ST-ZIP	Palm Beach, FL 33480			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Nicholas Battaglia			3.2 NAME			
STREET ADDRESS	2545 S. Ocean Blvd #210			3.3 STREET ADDRESS			
CITY-ST-ZIP	Palm Beach, FL 33480			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Michael Mangel			4.2 NAME			
STREET ADDRESS	2545 S. Ocean Blvd.			4.3 STREET ADDRESS			
CITY-ST-ZIP	Palm Beach, FL 33480			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE **5-19-99**

CR2E037 (11/98)

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