

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

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90241 023 ****61.25



DOCUMENT # 706477
 1. Entity Name
INTERCONDOMINIUM GROUP, INC.

Principal Place of Business Mailing Address
ASSOCIATED PROPERTY MANAGEMENT **ASSOCIATED PROPERTY MANAGEMENT**
1928 LAKE WORTH RD. **1928 LAKE WORTH RD.**
LAKE WORTH FL 33461 **LAKE WORTH FL 33461**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-2511163 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH RD
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 COHEN, GARY P.O. BOX 601011 NORTH MIAMI BEACH FL 33160	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SMITH, LESLIE 347 PURITAN RD WEST PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HELLAWELL, RICHARD 11103 GREENM BAYBERRY DR PALM BEACH GARDENS FL 33418	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITNEY, PHILIP 7500 OLD GEORGETOWN, STE 750 BETHESDA MD 20814	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARNDT, HAGEN 2545 SO. OCEAN BLVD. # 402 PALM BEACH, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, JOSE 2565 SO. OCEAN BLVD. #114 PALM BEACH, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOWALL, FRED 2545 SO. OCEAN BLVD. # 312 PALM BEACH, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAMBINO, LARRY 2545 SO. OCEAN BLVD. #407 PALM BEACH, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANDELLO, FERRY 2565 SO. OCEAN BLVD. #208 PALM BEACH, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* 4-12-06 (561) 707-7676