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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 707980

1. Corporation Name
INTRACOASTAL HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 629 SE 19TH AVE.
 DEERFIELD BEACH FL 33441

Mailing Address
 629 SE 19TH AVE.
 DEERFIELD BEACH FL 33441



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/20/1964
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-6167827
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
24	29	30
25	30	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GWEN S MONTGOMERY 629 SE 19TH AVE. APT. 201 DEERFIELD BEACH FL 33441	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALEMO, LOUIS F SR	1.2 NAME	TOM HUGILL
STREET ADDRESS	629 SE 19TH AVE	1.3 STREET ADDRESS	629 SE 19 AV
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	Deerfield Bch FL 33441
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FICANO, STEPHEN	2.2 NAME	
STREET ADDRESS	629 SE 19TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH. FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, GWEN	3.2 NAME	
STREET ADDRESS	629 SE 19TH AVE APT 201	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, FRANK	4.2 NAME	ANN MOFFETT
STREET ADDRESS	629 SE 19TH AVE	4.3 STREET ADDRESS	629 SE 19 Ave
CITY-ST-ZIP	DEERFIELD BEACH FL	4.4 CITY-ST-ZIP	Deerfield Bch FL 33441
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: Gwen S Montgomery Date: Mar. 21/7/99 (954)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)