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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 709241

1. Corporation Name

INTERCONDOMINIUM, INC.

Principal Place of Business

C/O MINNIE OILL
1770 79 ST CAUSEWAY
NORTH BAY VILLAGE FL 33141
US

Mailing Address

C/O KAZANOFF, S
1770 KENNEDY CAUSEWAY #106
NORTH BAY VILLAGE FL 33141
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/30/1965

4. FEI Number

59-1595291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**PMS CORPORATION
8299 CORAL WAY
MIAMI FL 33155**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **KAZANOF, STANLEY**
STREET ADDRESS **1770 KENNEDY CAUSEWAY 106**
CITY-ST-ZIP **N. BAY VILLAGE FL**

TITLE **STD** ☐ DELETE
NAME **OILL, MINNIE**
STREET ADDRESS **1770 KENNEDY CAUSEWAY**
CITY-ST-ZIP **N. BAY VILLAGE FL**

TITLE **VD** ☐ DELETE
NAME **KEMPNER, ANN**
STREET ADDRESS **1800 KENNEDY CAUSEWAY**
CITY-ST-ZIP **N. BAY VILLAGE FL**

TITLE **D** ☒ DELETE
NAME **BREGMAN, ANNE**
STREET ADDRESS **1790 79TH CAUSEWAY**
CITY-ST-ZIP **N BAY VILLAGE FL**

TITLE **Be** ☐ DELETE
NAME **Be**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

D
moreira, JAVIER
1780 79 St. Causeway Apt 101
N. Bay Village, FL 33141

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/99

Daytime Phone #

CR2E037 (1/98)