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Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744171 (0)

1. Corporation Name

INTRACOASTAL NORTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% SUMMIT PROPERTY MGMT., INC.
6289 W. SUNRISE BLVD., SUITE 202
SUNRISE FL 33313% SUMMIT PROPERTY MGMT., INC.
6289 W. SUNRISE BLVD., SUITE 202
SUNRISE FL 33313-61543. Date Incorporated or Qualified
09/06/19783a. Date of Last Report
04/05/1996

2. Principal Place of Business

2a. Mailing Address

21 40 Summit

26 40 Summit

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. Box 189013

27 P.O. Box 189013

City & State

City & State

23 Plantation FL

28 Plantation FL

Zip

Country

Zip

Country

24 33318

25 USA

29 33318

30 USA

4. FEI Number

59-1973275

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUMMIT PROPERTY MANAGEMENT, INC.
6289 W. SUNRISE BLVD., SUITE 202
SUNRISE FL 33313

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 1450 W. Sunrise Blvd

84 Suite 100-C

85 City

Plantation

FL

86 Zip Code

33318

11. Pursuant to the provisions of Section 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

Gail H. Sangunett, V.P. - Administration 2/7/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME LAFFERTY, JAN
STREET ADDRESS 1057 HILLSBORO MILE
CITY-ST-ZIP HILLSBORO BEACH FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D
NAME LONG, DEBBIE
STREET ADDRESS 1498 SW 15 ST
CITY-ST-ZIP BOCA RATON, FL 000002.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE VSD
NAME BELLANTE, DANIEL D
STREET ADDRESS 55 N. SPANISH TRAIL
CITY-ST-ZIP BOCA RATON, FL 000003.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D
NAME MORAN, RICHARD
STREET ADDRESS PO BOX 5 NA
CITY-ST-ZIP ORMOND BCH FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D
NAME JACKS, LAURA
STREET ADDRESS 510 NE 4 LANE, #102
CITY-ST-ZIP BOCA RATON FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan Lafferty, President (954) 792-6000

Date

Daytime Phone # 0034808

CR2E037 (9/96)