


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am  
Secretary of State

|   |   |   |   |
|---|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b>   |   |  FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |   |
| DOCUMENT # <b>744171</b> (0)<br>1. Corporation Name<br><b>INTRACOASTAL NORTH CONDOMINIUM ASSOCIATION, INC.</b>  |   |   |   |
| Principal Place of Business   |   | Mailing Address   |   |
| <del>C/O SUMMIT</del><br>P.O. BOX 189013<br>PLANTATION FL 33318<br>US   |   | <del>C/O SUMMIT</del><br>P.O. BOX 189013<br>PLANTATION FL 33318<br>US   |   |
| 2. Principal Place of Business  | 2a. Mailing Address                           | 3. Date Incorporated or Qualified   |   |
| 21 c/o Castle Group   | 26 c/o Castle Group                           | 09/06/1978  |   |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                           | 4. FEI Number   | Applied For   |
| 22  | 27  | 59-1973275  | Not Applicable  |
| City & State  | City & State                                  | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required  |
| 23  | 28  | 6. Election Campaign Financing Trust Fund Contribution  | \$5.00 May Be Added to Fees   |
| Zip   | Zip   | 7. Is this nonprofit corporation a homeowners association?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No             |
| 24  | 29  | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.   | <input type="checkbox"/> Yes <input type="checkbox"/> No                        |
| Country   | Country                                       |   |   |
| 25  | 30  |   |   |
| 9. Name and Address of Current Registered Agent   |   | 10. Name and Address of New Registered Agent  |   |
| <del>SUMMIT PROPERTY MANAGEMENT, INC.</del><br>4450 W. SUNRISE BLVD.<br>SUITE 100-C<br>PLANTATION FL 33318  |   | 81 Name<br>Castle Property Services Group, Inc.<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>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 <i>Gail H. Sangunett</i>  |   | Gail H. Sangunett, Vice President - Administration 1/6/98   |   |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE   |   |   |   |
| 12. OFFICERS AND DIRECTORS  |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |   |
| TITLE   | PTD <input type="checkbox"/> DELETE           | 1.1 TITLE   | RD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | LAFFERTY, JAN                                 | 1.2 NAME  |   |
| STREET ADDRESS  | 1057 HILLSBORO MILE                           | 1.3 STREET ADDRESS  |   |
| CITY-ST-ZIP   | HILLSBORO BEACH FL                            | 1.4 CITY-ST-ZIP   |   |
| TITLE   | S <input type="checkbox"/> DELETE             | 2.1 TITLE   | STD <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| NAME  | BOVA, CATHORINE                               | 2.2 NAME  |   |
| STREET ADDRESS  | 55 W. SPANISH TRAIL                           | 2.3 STREET ADDRESS  |   |
| CITY-ST-ZIP   | BOCA RATON FL                                 | 2.4 CITY-ST-ZIP   |   |
| TITLE   | VD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | MORAN, RICHARD                                | 3.2 NAME  | Bellante, Daniel  |
| STREET ADDRESS  | PO BOX 5 NA                                   | 3.3 STREET ADDRESS  | 5 NE 2nd Street   |
| CITY-ST-ZIP   | ORMOND BCH FL                                 | 3.4 CITY-ST-ZIP   | Delray Beach, FL  |
| TITLE   | D <input type="checkbox"/> DELETE             | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME  | JACKS, LAURA                                  | 4.2 NAME  |   |
| STREET ADDRESS  | 510 NE 4 LANE, #102                           | 4.3 STREET ADDRESS  |   |
| CITY-ST-ZIP   | BOCA RATON FL                                 | 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.

SIGNATURE: *Jan Lafferty* Jan Lafferty, President 1/6/98 (954) 792-6000

CR2E037 (10/97)