

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 08, 2001 8:00 am Secretary of State

08-08-2001 90005 033 ****61.25

0010655

DOCUMENT # 744171

1. Entity Name

INTRACOASTAL NORTH CONDOMINIUM ASSOCIATION, INC.

4

Principal Place of Business

Mailing Address

55 NE SPANISH TRAIL
BOCA RATON FL 33432
US

C/O LIPPMAN & LIPPMAN
6401 CONGRESS AVE # 140
BOCA RATON FL 33487
US

ADDU300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1973275**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIPPMAN & LIPPMAN ENT
6401 CONGRESS AVE
SUITE 140
BOCA RATON FL 33487

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	LAFFERTY, JAN	
STREET ADDRESS	55 NE SPANISH TR # 103	
CITY-ST-ZIP	BOCA RATON FL 33432	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BOVA, CATHORINE	
STREET ADDRESS	55 W. SPANISH TRAIL	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	BELLANTE, DANIEL	
STREET ADDRESS	2711 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	

TITLE	SECRETARY, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACKS, LAURA	
STREET ADDRESS	510 NE 4 LANE, #102	
CITY-ST-ZIP	BOCA RATON FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	HERR, WILLIAM	
STREET ADDRESS	55 NE SPANISH TR # 106	
CITY-ST-ZIP	BOCA RATON FL 33432	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *[Handwritten Signature]* PRES 7/26/01 (561) 599

CRE037 (5/01)