

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90008 008 \*\*\*\*61.25

**DOCUMENT # 744171**

1. Entity Name  
**INTRACOASTAL NORTH CONDOMINIUM ASSOCIATION,  
INC.**



Principal Place of Business

**55 NE SPANISH TRAIL  
BOCA RATON, FL 33432 US**

Mailing Address

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

**54032193**



03262004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1973275**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
LAFFERTY, JAN  
55 NE SPANISH TR # 103  
BOCA RATON, FL 33432**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
MAJHESS, DORIS  
460 NE OLIVE WAY  
BOCA RATON, FL 33432150**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
TAIXERA, DIANE  
55 NE SPANISH RD. #102  
BOCA RATON, FL 33432**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HERR, WILLIAM  
55 NE SPANISH TR # 106  
BOCA RATON, FL 33432**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
STEVENSFISHER, CHERYL  
55 NE SPANISH TRAIL #203  
BOCA RATON, FL 33432**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/31/04**

Date

**561-338-9271**

Daytime Phone #