

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90287 012 \*\*\*\*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**

**20042140** BY: 2114



04202005 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**

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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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	LAFFERTY, JAN
STREET ADDRESS	55 NE SPANISH TR # 103
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	VP
NAME	MAJHESS, DORIS
STREET ADDRESS	460 NE OLIVE WAY
CITY-ST-ZIP	BOCA RATON, FL 334324150
TITLE	SD
NAME	TAIXERA, DIANE
STREET ADDRESS	55 NE SPANISH RD. #102
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	HERR, WILLIAM
STREET ADDRESS	55 NE SPANISH TR # 106
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	T
NAME	STEVENS FISHER, CHERYL
STREET ADDRESS	55 NE SPANISH TRAIL #203
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(f), 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**

**4/20/05 (561) 999-9704**  
Date Daytime Phone #