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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753765 ✓
 1. Corporation Name
 THE INTERCOASTAL CONDOMINIUM ASSOCIATION INC

Principal Place of Business	Mailing Address
19727 GULF BLVD INDIAN SHORES, FL 33785 PINELLAS COUNTY	

21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	26. c/o PAREKH, COMMONS & CO	12/14/80
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number
	27. 2700 EAST BAY DR#107	59-2192231
23. City & State	28. City & State	5. Certificate of Status Desired
	28. LARGO, FL	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution
	29. 33771	<input type="checkbox"/> \$5.00 May Be Added to Fees
	30. PINELLAS	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81. Name	STEPHEN VAUGHN
		82. Street Address (P.O. Box Number is Not Acceptable)	19727 GULF BLVD #107
		83.	
		84. City	INDIAN SHORES
		85. Zip Code	FL 33785

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: [Signature] DATE: 4/19/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	STEPHEN VAUGHN	1.2 NAME	
STREET ADDRESS	19727 GULF BLVD #107	1.3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN SHORES, FL 33785	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	
NAME	TAMMY FREEMAN	2.2 NAME	
STREET ADDRESS	19727 GULF BLVD #108	2.3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN SHORES, FL 33785	2.4 CITY - ST - ZIP	
TITLE	DS	3.1 TITLE	
NAME	ALLEN HAYES	3.2 NAME	
STREET ADDRESS	136 WESTMOUNT ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	OSHAWA, ONT CAN L1J 4X3	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/19/99 Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)