

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90107 020 ****61.25

DOCUMENT # 753765

1. Entity Name

THE INTERCOASTAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

19727 GULF BLVD.
 INDIAN SHORES FL 34635

C/O PAREKH, COMMONS & CO
 2700 EAST BAY DR. STE #107
 LARGO FL 33771-2459
 US



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

59-2192231

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

VAUGHN, STEPHEN
19727 GULF BLVD,
SUITE #107
INDIAN SHORES FL 33785

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
VD	KALAKF, LEILA	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	19727 GULF BLVD., #209	STREET ADDRESS	
CITY-ST-ZIP	INDIAN SHORES FL 34635	CITY-ST-ZIP	
PD	NELMS, CHUCK	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	12998 WALSINGHAM RD	STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34644	CITY-ST-ZIP	
DP	VAUGH, STEPHEN	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	19727 GULF BLVD, #107	STREET ADDRESS	
CITY-ST-ZIP	INDIAN SHORES FL 34635	CITY-ST-ZIP	
DV	FREEMAN, TAMMY	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	19727 GULF BLVD, #108	STREET ADDRESS	
CITY-ST-ZIP	INDIAN SHORES FL 33785	CITY-ST-ZIP	
DS	HAYES, ALLEN	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	138 WESTMOUNT ST	STREET ADDRESS	
CITY-ST-ZIP	OSHAWA, ONT CAN L1J- 4X3	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

Date

Daytime Phone #

CR2E037 (9/99)