

2001 UNIFORM BUSINESS REPORT (UBR)

3/2/

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-02-2001 90059 022 ****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
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2192231

Applied For

Not Applicable

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 **Tammy Freeman**

Street Address (P.O. Box Number is Not Acceptable)
19727 Gulf Blvd. #108

City **Indian Shores**

FL

Zip Code **33785**

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 *Tammy Freeman*

(NOTE: Registered Agent signature required when reinstating)

DATE

2/27/01

**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

TITLE NAME **DP VAUGHN, STEPHEN** Delete
 STREET ADDRESS **19727 GULF BLVD, #107**
 CITY-ST-ZIP **INDIAN SHORES FL 34635**

TITLE NAME **Chuck Nelms Vice President** Change Addition
 STREET ADDRESS **c/o Advantage**
 CITY-ST-ZIP **12467 - 62nd Street N. #103 D LARGO, FL 33773**

TITLE NAME **DV FREEMAN, TAMMY** Delete *President*
 STREET ADDRESS **19727 GULF BLVD, #108**
 CITY-ST-ZIP **INDIAN SHORES FL 33785**

TITLE NAME **Secretary** Change Addition
 STREET ADDRESS **Chris O'Connell**
 CITY-ST-ZIP **19727 Gulf Blvd. #105 D INDIAN SHORES, FL 33785**

TITLE NAME **DS HAYES, ALLEN** Delete
 STREET ADDRESS **136 WESTMOUNT ST**
 CITY-ST-ZIP **OSHAWA, ONT CAN L1J 4X3**

TITLE NAME **Treasurer** Change Addition
 STREET ADDRESS **Lillian Lukowski**
 CITY-ST-ZIP **19727 Gulf Blvd. #110 D INDIAN SHORES, FL 33785**

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

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: *Tammy Freeman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/01
 Date

Daytime Phone #

CR2037 (10/00)