

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90292 027 ****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

4. FEI Number

59-2192231

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREEMAN, TAMMY
19727 GULF BLVD,
STE 108
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 *Tamara Freeman*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/02

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	DVP	<input type="checkbox"/> Delete
NAME	FREEMAN, TAMMY	
STREET ADDRESS	19727 GULF BLVD, #108	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NELMS, CHUCK	
STREET ADDRESS	12467 62 ST N 103	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OCONNELL, CHRIS	
STREET ADDRESS	19727 GULF BV 105	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LUKOWSKI, LILLIAN	
STREET ADDRESS	19727 GULF BV 110	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

4/22/02 7275799590
 Date Daytime Phone #

CR2E037 (9/01)