


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90058 008 ****61.25

DOCUMENT # 753765 1. Entity Name THE INTERCOASTAL CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 19727 GULF BLVD. # 207 INDIAN SHORES, FL 33785	Mailing Address 19727 GULF BLVD. # 207 INDIAN SHORES, FL 33785
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	03092007 Chg-NP CR2E037 (12/06)
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
NELMS, CHARLES 4175 E. BAY DR. #250 CLEARWATER, FL 33764	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	DP NELMS, CHARLES	<input type="checkbox"/>
NAME	4175 E. BAY DR. #250	
STREET ADDRESS	CLEARWATER, FL 33764	
CITY-ST-ZIP		
TITLE	DT LEWIS, DAVID	<input type="checkbox"/>
NAME	19727 GULF BLVD #208	
STREET ADDRESS	INDIAN SHORES, FL 33785	
CITY-ST-ZIP		
TITLE	VP/S MILLEY, DAVID	<input checked="" type="checkbox"/>
NAME	3970 LAMONT ST.	
STREET ADDRESS	WATERFORD, MI 48329	
CITY-ST-ZIP		
TITLE	D PEREZ, CARMEN	<input checked="" type="checkbox"/>
NAME	19727 GULF BLVD. #101	
STREET ADDRESS	INDIAN SHORES, FL 33785	
CITY-ST-ZIP		
TITLE	D KAY, CAROLINE	<input checked="" type="checkbox"/>
NAME	19727 GULF BLVD. #110	
STREET ADDRESS	INDIAN SHORES, FL 33785	
CITY-ST-ZIP		
TITLE	D MINADEO, GREG	<input checked="" type="checkbox"/>
NAME	19727 GULF BLVD. #201	
STREET ADDRESS	INDIAN SHORES, FL 33785	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	DS KATHRYN Dertel	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME	2920 DRANE Field Rd		
STREET ADDRESS	LAKELAND, FL 33811		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ DATE: 3/22/07 77531-7622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR