


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90046 034 \*\*\*\*61.25

<b>DOCUMENT # 753765</b>					
1. Entity Name <b>THE INTERCOASTAL CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 19727 GULF BLVD. # 207 INDIAN SHORES, FL 33785			Mailing Address 19727 GULF BLVD. # 207 INDIAN SHORES, FL 33785		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03052008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-2192231</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NELMS, CHARLES</b> <b>4175 E. BAY DR.</b> <b>#250</b> <b>CLEARWATER, FL 33764</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NELMS, CHARLES		NAME		
STREET ADDRESS	4175 E. BAY DR. #250		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, DAVID		NAME		
STREET ADDRESS	19727 GULF BLVD #208		STREET ADDRESS		
CITY-ST-ZIP	INDIAN SHORES, FL 33785		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DERTEL, KATHRYN		NAME	<b>D</b> <b>LUKOWSKI, Lillian</b>	
STREET ADDRESS	<del>2920 DRANE FIELD RD</del>		STREET ADDRESS	<del>P.O. Box 636</del>	
CITY-ST-ZIP	LAKELAND, FL 33811		CITY-ST-ZIP	<b>St. Pete, FL 33731</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>DVP</b> <b>MINADEO, Greg</b>	
STREET ADDRESS			STREET ADDRESS	<b>19727 GULF BLVD. #201</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>INDIAN SHORES, FL 33785</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>DS</b> <b>KAY, CAROLINE</b>	
STREET ADDRESS			STREET ADDRESS	<b>19727 GULF BLVD. #110</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>INDIAN SHORES, FL 33785</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <b>4/2/08</b> Daytime Phone #: <b>727-531-7622</b>		