


**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

44005601

DOCUMENT # 753765			
1. Entity Name THE INTERCOASTAL CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 19727 GULF BLVD. #108 INDIAN SHORES, FL 33785		Mailing Address C/O BAREKH, COMMONS & CO 2700 EAST BAY DR., STE 2107 LARGO, FL 33773 US	
2. Principal Place of Business State, Apt. #, etc.		3. Mailing Address State, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 69-2192231		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FREEMAN, TAMMY 19727 GULF BLVD, STE 108 INDIAN SHORES, FL 33785		7. Name and Address of New Registered Agent 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 its applicator		NOTE: Registered Agent Signature required with electronic filing	
FILE NOW FEES \$61.25		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FREEMAN, TAMMY 19727 GULF BLVD, #108 INDIAN SHORES, FL 33785	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			Oscar Pena 19727 Gulf Blvd #108 pres
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NELMS, CHUCK 12467 62 ST N 103 LARGO, FL 33773	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			to sec
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OCONNELL, CHRIS 19727 GULF BV 106 INDIAN ROCKS BEACH, FL 33786	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUKOWSKI, LILLIAN 19727 GULF BV 110 INDIAN ROCKS BEACH, FL 33786	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tammy Freeman 19727 GULF BLVD #108 Indian Shores, FL 33785	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			Treasurer
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carric Kay 19727 GULF BLVD #108 Indian Shores, FL 33785	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			VP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this address, with all other the empowered.			
SIGNATURE: <i>Tammy Freeman</i>		6/30/03 7874838900	

CR03037 (10/02)