


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90995 027 ****61.25

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1. Entity Name
INTERCOASTAL TOWNHOMES ASSOCIATION, INC.



Principal Place of Business
 507-C HERBERT ST
 PORT ORANGE, FL 32129

Mailing Address
 P O BOX 227
 DAYTONA BCH, FL 32115

J4UB0024



2. Principal Place of Business
 11610 S. Palmetto Ave.
 Suite, Apt. #, etc.

3. Mailing Address
 507-C Herbert St.
 Suite, Apt. #, etc.

04062004 Chg-NP CR2E037 (10/03)

City & State
 South Daytona, FL

City & State
 Port Orange, FL

Zip
 32119

Country
 USA

Zip
 32129

Country
 USA

4. FEI Number
 20-0384308

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SULLIVAN, PATRICK
 507-C HERBERT ST
 PORT ORANGE, FL 32129

7. Name and Address of New Registered Agent

Name
 R.L. Reimer

Street Address (P.O. Box Number is Not Acceptable)
 507-C Herbert St.

City
 Port Orange

FL

Zip Code
 32129

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  AS AGENT

DATE
 4/14/04

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, 2004

9. Election Campaign Financing
 Trust Fund Contribution \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	SULLIVAN, PATRICK	% 507-C HERBERT ST	PORT ORANGE, FL 32129	<input type="checkbox"/>
PD	KHORASSANI, MEHRDAD (MIKE)	% 507-C HERBERT ST	PORT ORANGE, FL 32129	<input type="checkbox"/>
STD	EDWARDS, KIBBIE	% 507-C HERBERT ST	PORT ORANGE, FL 32129	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:  PATRICK SULLIVAN

DATE: 15 APR 04

Daysime Phone #: 386-527-9989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR