



# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N03000007832</b>				<b>FILED</b> 04 OCT 28 PM 4:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name <b>INTERCOASTAL TOWNHOMES ASSOCIATION, INC.</b>		Principal Place of Business 1610 S. PALMETTO AVE. SOUTH DAYTONA, FL 32119		Mailing Address 1610 S. PALMETTO AVE. SOUTH DAYTONA, FL 32119	
2. Principal Place of Business		3. Mailing Address <b>507-C Herbert Street</b>		 10212004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite C</b>			
City & State		City & State <b>Port Orange, FL</b>		4. FEI Number <b>20-0384308</b>	
Zip		Zip <b>32129</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>REIMER, R.L.</b> <b>507-C HERBERT ST</b> <b>PORT ORANGE, FL 32129</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____			100042284811 10/28/04--01046--011 **\$61.25		DATE
Amended AR is \$61.25 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, PATRICK		NAME	Ronald Wieland	
STREET ADDRESS	% 507-C HERBERT ST		STREET ADDRESS	1610 S. Palmetto Ave. #01	
CITY-ST-ZIP	PORT ORANGE, FL 32129		CITY-ST-ZIP	South Daytona, FL 32119	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KHORASSANI, MEHRDAD (MIKE)		NAME	Vicky Bozarth	
STREET ADDRESS	% 507-C HERBERT ST		STREET ADDRESS	1610 S. Palmetto Ave #14	
CITY-ST-ZIP	PORT ORANGE, FL 32129		CITY-ST-ZIP	South Daytona, FL 32119	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARDS, KIBBIE		NAME	Howard Davenport	
STREET ADDRESS	% 507-C HERBERT ST		STREET ADDRESS	1610 S. Palmetto Ave #09	
CITY-ST-ZIP	PORT ORANGE, FL 32129		CITY-ST-ZIP	South Daytona, FL 32119	
TITLE		<input type="checkbox"/> Delete	TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Richard Reed	
STREET ADDRESS			STREET ADDRESS	828 Donnelly Place	
CITY-ST-ZIP			CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Lydia Callimarea	
STREET ADDRESS			STREET ADDRESS	1047 Pocatello Court	
CITY-ST-ZIP			CITY-ST-ZIP	Port Orange, FL 32119	
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 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: <u><i>Ronald L. Wieland</i></u>			<u><i>Ronald L. Wieland</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>10-20-04</u> <small>Date</small>
					<u>386-323-4834</u> <small>Daytime Phone #</small>