


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90076 029 \*\*\*\*61.25

**DOCUMENT # N03000007832**

1. Entity Name  
**INTERCOASTAL TOWNHOMES ASSOCIATION, INC.**



Principal Place of Business  
**1610 S. PALMETTO AVE.  
 SOUTH DAYTONA, FL 32119**

Mailing Address  
**507-C HERBERT STREET  
 SUITE C  
 PORT ORANGE, FL 32129**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
**1034 Ridgewood Ave  
 Ste 1**


Suite, Apt. #, etc.  
**Ste 1**

City & State  
**Holly Hill FL**

City & State  
**Holly Hill FL**

Zip  
**32114**

Country  
**USA**



03292007 Chg-NP CR2E037 (12/06)

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**

**WAIKINS, VIRGINIA  
 721 RIDGEWOOD AVE  
 # 12A  
 HOLLY HILL, FL 32117**

**7. Name and Address of New Registered Agent**

Name  
**Virginia Watkins**

Street Address (P.O. Box Number is Not Acceptable)  
**1034 Ridgewood Ave  
 Ste 1**

City  
**Holly Hill - FL**

Zip Code  
**32117**

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 *Virginia Watkins* DATE **4-5-07**

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.  **\$5.00 May Be Added to Fees**

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KENT, RUTH 1610 S PALMETTO AVE., #7 SOUTH DAYTONA BEACH, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SERRANO, MICHELLE 1610 S PALMETTON AVE., #12 SOUTH DAYTONA BEACH, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, MARK 33 ST ANDREWS DR ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REED, RICHARD 828 DONNELLY PLACE DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALIMAREA, LYDIA 1047 POCATELLO COURT PORT ORANGE, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Felicia M. Calimarea* DATE: **4-5-07** DAYTIME PHONE #: **386 255-8585**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR