

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 706477

Entity Name: INTERCONDOMINIUM GROUP, INC.

FILED
Aug 25, 2016
Secretary of State
CC9555930596

Current Principal Place of Business:

ASSOCIATED PROPERTY MANAGEMENT
8135 LAKE WORTH RD. SUITE B
LAKE WORTH, FL 33467

Current Mailing Address:

ASSOCIATED PROPERTY MANAGEMENT
8135 LAKE WORTH RD. SUITE B
LAKE WORTH, FL 33467 US

FEI Number: 59-2511163

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DICKER, EDWARD
1818 AUSTRALIAN AVE SO.
SUITE 400
WEST PALM BEACH, FL 33409 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name LOVELL, RONALD
Address ASSOCIATED PROPERTY
MANAGEMENT
8135 LAKE WORTH RD. SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title SECRETARY, TREASURER
Name HOLSTEN, GEORGE
Address ASSOCIATED PROPERTY
MANAGEMENT
8135 LAKE WORTH RD. SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name HELLAWELL, RICHARD
Address ASSOCIATED PROPERTY
MANAGEMENT
8135 LAKE WORTH RD. SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name MAMBRINO, LARRY
Address 8135 LAKE WORTH ROAD
SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name COHEN, SUSAN
Address 8135 LAKE WORTH ROAD
SUITE B
City-State-Zip: LAKE WORTH FL 33467

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RONALD LOVELL

VICE PRESIDENT

08/25/2016

Electronic Signature of Signing Officer/Director Detail

Date