

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 706477

**FILED**  
**Apr 05, 2019**  
**Secretary of State**  
**1760037188CC**

**Entity Name:** INTERCONDOMINIUM GROUP, INC.

**Current Principal Place of Business:**

1818 S. AUSTRALIAN AVENUE  
SUITE 400  
WEST PALM BEACH , FL 33409

**Current Mailing Address:**

C/O 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:**

STOLOFF & MANOFF, PA  
1818 S. AUSTRALIAN AVENUE  
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:** SCOTT STOLOFF, ESQ.

04/05/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SMITH, LESLIE  
Address        8135 LAKE WORTH RD.  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

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

Title            SECRETARY  
Name            KELLY, CAREY  
Address        8135 LAKE WORTH RD,  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            TREASURER  
Name            PRATLEY, ELKE  
Address        8135 LAKE WORTH ROAD  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            VERBEEK, PETER  
Address        8135 LAKE WORTH RD,  
                  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:** LESLIE SMITH

**PRESIDENT**

04/05/2019

Electronic Signature of Signing Officer/Director Detail

Date