### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#** 706477

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

## 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,

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SIGNATURE	SCOTT STOLOFF, ESQ.			04/09/2020
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	VP	
Name	SMITH, LESLIE	Name	SWIERCZEWSKI, ANDREW	
Address	8135 LAKE WORTH RD. SUITE B	Address	8135 LAKE WORTH RD, SUITE B	
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467	
Title	SECRETARY	Title	TREASURER	
Name	KELLY, CAREY	Name	PRATLEY, ELKE	
Address	8135 LAKE WORTH RD, SUITE B	Address	8135 LAKE WORTH ROAD SUITE B	
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467	
Title	DIRECTOR			
Name	LOVELL, RON			
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

04/09/2020

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 09, 2020 Secretary of State 1124092405CC

Certificate of Status Desired: No

Date