

**2021 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

**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.

04/29/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SWIERCZEWSKI, ANDREW  
Address 8135 LAKE WORTH RD,  
SUITE B  
City-State-Zip: LAKE WORTH FL 33467

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

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

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

Title VP  
Name VERBECK, PETER  
Address C/O ASSOCIATED PROPERTY  
MANAGEMENT  
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:** PETER VERBECK

VP

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date