#### 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# 709241

Entity Name: INTERCONDOMINIUM, INC.

## **Current Principal Place of Business:**

8180 NW 36 STREET SUITE 409 DORAL, FL 33166

## **Current Mailing Address:**

8180 NW 36 STREET SUITE 409 DORAL, FL 33166 US

## FEI Number: 59-1595291

## Name and Address of Current Registered Agent:

NORTH STAR PROPERTY MANAGEMENT GROUP INC 8180 NW 36 STREET SUITE 409 DORAL, FL 33166 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                 | E ALEIDA GUTIERREZ                       |                 |                                | 01/15/2013 |
|---------------------------|--|-----------------|--------------------------------|------------|
|                           | Electronic Signature of Registered Agent |                 |                                | Date       |
| Officer/Director Detail : |  |                 |                                |            |
| Title                     | PD                                       | Title           | SD                             |            |
| Name                      | MARILYN, CLARK                           | Name            | PENA, AUGUSTO                  |            |
| Address                   | 8180 NW 36 STREET<br>SUITE 409           | Address         | 8180 NW 36 STREET<br>SUITE 409 |            |
| City-State-Zip:           | DORAL FL 33166                           | City-State-Zip: | DORAL FL 33166                 |            |
| Title                     | TD                                       | Title           | VPD                            |            |
| Name                      | PEREZ, ILEANA                            | Name            | OLIVAREZ, PATRICIA             |            |
| Address                   | 8180 NW 36 STREET<br>SUITE 409           | Address         | 8180 NW 36 STREET<br>SUITE 409 |            |
| City-State-Zip:           | DORAL FL 33166                           | City-State-Zip: | DORAL FL 33166                 |            |

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.

PRESIDENT

## SIGNATURE: MARILYN CLARK

Electronic Signature of Signing Officer/Director Detail

# FILED Jan 15, 2013 Secretary of State CC5782514835

Certificate of Status Desired: No

01/15/2013 Date