2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL	
<u>REPORT</u>	

DOCUMENT# 709241

Entity Name: INTERCONDOMINIUM, INC.

Current Principal Place of Business:

1790 79 ST B101 NORTH BAY VILLAGE, FL 33141

Current Mailing Address:

1790 79 ST B101 NORTH BAY VILLAGE, FL 33141 US

FEI Number: 59-1595291

Name and Address of Current Registered Agent:

TOWER MANAGEMENT SERVICES, INC. 900 W 49 ST 220 HIALEAH, FL 33012 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.

The above named	entity submits this statement for the purpose of changing its regi	stered office or regis	stered agent, or both, in the State of Flor	ida.
SIGNATURE	CLEMENTE DELATORRE			10/21/2015
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	PRESIDENT	Title	TREASURER	
Name	PINTO, JOSE R	Name	PEDRO, GIL	
Address	1790 79 ST B203	Address	1770 79 ST D301	
City-State-Zip:	NORTH BAY VILLAGE FL 33141	City-State-Zip:	NORTH BAY VILLAGE FL 3314	1
Title	DIRECTOR	Title	DIRECTOR	
Name	GONZALEZ, SANTIAGO E	Name	BOLIVAR, MARTHA	
Address	1800 79 ST A307	Address	1780 79 ST C214	
City-State-Zip:	NORTH BAY VILLAGE FL 33141	City-State-Zip:	NORTH BAY VILLAGE FL 3314	1
Title	DIRECTOR	Title	DIRECTOR	
Name	HARRIS, ELINOR	Name	CISNEROS, RAFAEL	
Address	1790 79 ST 303	Address	1780 79 ST C201	
City-State-Zip:	NORTH BAY VILLAGE FL 33141	City-State-Zip:	NORTH BAY VILLAGE FL 3314	1
Title	DIRECTOR	Title	DIRECTOR	
Name	MORALES, DAYAMI	Name	PEREZ, ILEANA	
Address	1770 79 ST D101	Address	1800 79 ST A103	
City-State-Zip:	NORTH BAY VILLAGE FL 33141	City-State-Zip:	NORTH BAY VILLAGE FL 3314	1

Continues on page 2

PRESIDENT

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.

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Electronic Signature of Signing Officer/Director Detail

FILED Oct 21, 2015 Secretary of State CC9027451847

Certificate of Status Desired: No

10/21/2015 Date

Officer/Director Detail Continued :

Title	S	Title	D
Name	PEREZ, OSCAR JOSE	Name	CISNEROS, RAFAEL
Address	8770 SW 72ND ST #171	Address	8770 SW 72ND ST #171
City-State-Zip:	MIAMI FL 33173	City-State-Zip:	MIAMI FL 33155
Title	D		

Name	MORALES, DAYAMI
Address	8770 SW 72ND ST #171

City-State-Zip: MIAMI FL 33155