

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744171

**Entity Name:** INTRACOASTAL NORTH CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 12, 2022**  
**Secretary of State**  
**6204434054CC**

**Current Principal Place of Business:**

55 NE SPANISH TRAIL  
BOCA RATON, FL 33432

**Current Mailing Address:**

C/O OASIS COMMUNITY MANAGEMENT  
5100 W COPANS RD, STE 810  
MARGATE, FL 33063 US

**FEI Number:** 59-1973275

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KRAVIT LAW P.A.  
KRAVIT LAW P.A.  
2101 CORPORATE BLVD NW 410  
BOCA RATON, FL 33431 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:** CORY KRAVIT

01/12/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            THOMAS, DONALD  
Address        C/O OASIS COMMUNITY  
                  MANAGEMENT  
                  5100 W COPANS RD, STE 810  
City-State-Zip: MARGATE FL 33063

Title            TREASURER  
Name            TALLOW, MATTHEW  
Address        C/O OASIS COMMUNITY  
                  MANAGEMENT  
                  5100 W COPANS RD, STE 810  
City-State-Zip: MARGATE FL 33063

Title            SECRETARY  
Name            BELLANTE, DAN  
Address        C/O OASIS COMMUNITY  
                  MANAGEMENT  
                  5100 W COPANS RD, STE 810  
City-State-Zip: MARGATE FL 33063

Title            VICE PRESIDENT  
Name            BAUHOF, JUDY  
Address        C/O OASIS COMMUNITY  
                  MANAGEMENT  
                  5100 W COPANS RD, STE 810  
City-State-Zip: MARGATE FL 33063

*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:** DAN BELLANTE

**SECRETARY**

01/12/2022

Electronic Signature of Signing Officer/Director Detail

Date