

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03000007832

Entity Name: INTERCOASTAL TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:

4645 S CLYDE MORRIS BLVD SUITE 401
PORT ORANGE, FL 32129

Current Mailing Address:

4645 S CLYDE MORRIS BLVD SUITE 401
PORT ORANGE, FL 32129 US

FEI Number: 20-0384308

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOMOKA PROPERTY MANAGEMENT
4645 S CLYDE MORRIS BLVD SUITE 401
PORT ORANGE, FL 32129 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: NATHAN WADE

06/22/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title S
Name KENT, RUTH
Address 4645 S CLYDE MORRIS BLVD SUITE 401
City-State-Zip: PORT ORANGE FL 32129

Title TREASURER
Name PASTRE, JOHN
Address 4645 S CLYDE MORRIS BLVD SUITE 401
City-State-Zip: PORT ORANGE FL 32129

Title P
Name CALIMAREA, LYDIA
Address 4645 S CLYDE MORRIS BLVD SUITE 401
City-State-Zip: PORT ORANGE FL 32129

Title VP
Name HOPKINS, BRIAN
Address 4645 S CLYDE MORRIS BLVD SUITE 401
City-State-Zip: PORT ORANGE FL 32129

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: BRIAN HOPKINS

VP

06/22/2021

Electronic Signature of Signing Officer/Director Detail

Date