FILED Apr 16, 2008 8:00 am Secretary of State 04-16-2008 90042 025 ****61.25

ANNUAL REPORT							
DOCUMENT # 706477							
1. Entity Name INTERCONDOMINIUM GROUP, INC.							



SP-2511163 Not Applic 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH RD LAKE WORTH RD 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and acc the orthogations of registered agent. SIGNATURE FILING For its \$61.25 Due by May 1, 2008 9. Electron Carmsign Franching Trust Fund Contribution. Address Franching SMITH, LESUIE SMITH, LESUIE 9MAKE SMITH, LESUIE SMITH, LESUIE 9MAKE SMITH, LESUIE 9MAKE SMITH, LESUIE 11. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS					40.5]				
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City & State City & State City & State Size of Address of Current Registered Agent 7. Name and Address of New Registered Agent ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH, FL 33461 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City	2. Principal Place of Business - No P.O. Box # 3. Maili		ling Address							Í	
Signature Special Spec	Suite, Apt. #, etc. Su		Suit	suite, Apt. #, etc.			02202008	Chg-NP	CR2E037 (12/0	06)	
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Street Address (P O. Box Number is Not Acceptable) City		- 7, 3			Name						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. SIGNATURE Signature Signature recovered agent Signature recovered when remission; DATE	1928 LAKE	E WORTH RD	GEMENT		Street A	ddress (i	P.O. Box Number is	Not Acceptable	e)		
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Signature hyped or private name of registered agent and tale it applicable. (NOTE: Registered Agent signature required when retriauting) DATE	the obligat	named entity submits this state lons of registered agent.	ment for the purpo	ose of changing its r	egistered office o	r register	red agent, or both, i	in the State of Flo	orida. I am familiar	with, and acce	ept
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #