2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# 706477

Entity Name: INTERCONDOMINIUM GROUP, INC.

Current Principal Place of Business:

ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 59-2511163 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH RD
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SMITH, LESLIE
Address: 347 PURITAN ROAD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: TD ( ) Delete
Name: MAMBRINO, LARRY
Address: 2545 S. OCEAN BLVD. #407
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete
Name: NOVITSKI, JOAN
Address: 2545 S. OCEAN BLVD. #408
City-St-Zip: PALM BEACH, FL 33480

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SMITH, LESLIE P
Address: 347 PURITAN ROAD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: V (X) Change ( ) Addition
Name: ARNDT, HAGEN V
Address: 2545 S. OCEAN BLVD. #402
City-St-Zip: PALM BEACH, FL 33480

Title: S (X) Change ( ) Addition
Name: LOVELL, RON S
Address: 2545 S. OCEAN BLVD. #212
City-St-Zip: PALM BEACH, FL 33480

Title: T ( ) Change (X) Addition
Name: HELLAWELL, DICK T
Address: 2565 SO. OCEAN BLVD. #114
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Change (X) Addition
Name: CUYAR, ROBERT D
Address: 4 LOGGERHEAD LANE
City-St-Zip: MANALAPAN, FL 33462

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN MATH, APM AGT 03/17/2009

Electronic Signature of Signing Officer or Director — Date