2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 21, 2003 8:00 am § Secretary of State

04-21-2003 90310 032 ****61.25

DOCL	JMENT	# *	706/	177
DOOL		77	/ UU-	t <i>/ /</i>

1. Entity Name

INTERCONDOMINIUM GROUP, INC.

Principal Place of Business

% ASSOCIATED PROPERTY MANAGEMENT

Mailing Address

% ASSOCIATED PROPERTY MANAGEMENT

400 S. DIXIE H LAKE WORTH			400 S. DIXIE HIGHWAY. #10 LAKE WORTH FL 33460						
2 Principal C	Place of Busin	000 0	2 Mailine Address	_ 					
ASSOCI,	Place of Busin	PRODERTY MG	3. Mailing Address 17 1350CIATEA	Proporty	, Mb	ace + 110		II KIBII BIBII QIBII BIB	ii IIIIi IEDI
1928	#, etc. LAK	& Ubritt Rd.	Suite Apt #, etc.	E Worth	4/2	. □ cH	ECK HERE IF MAI	KING CHANGES	
LAKE Stat	Wor	ett, PL	LAKE WON	H.FL		4. FEI Number 59-2	511163	<u> </u>	pplied For ot Applicable
3346	/_	CountryUSA	33461	Country US	A	5. Certificate of Statu	s Desired 🔲	\$8.75 Add Fee Require	
	6. Name	and Address of Current F	Registered Agent	News		7. Name and Address of New Registered Agent			
ASSOCIATED PROPERTY MANAGEMENT 400 S DIXIE HWY STE #10 LAKE WORTH FL 33460				Street Address (P.O. Box Number is Not Acceptable) 1928 LAKE WONTH ROAD City AKE WONTH FL Zip Code City AKE WONTH FL Zip Code 2006/16/1					
			the purpose of changing its re	gistered office or	registere	ed agent; or both, in the	State of Florida. I	am familiar with,	and accept
the obligat	ions of registr	red agent.		1_			al ~1:	·~	
signatur	Signature tupod	or printed name of registered agent a	A title if applicable	Registered Agent signatur	ro combrad .	<u> </u>	3/10/6	<u></u>	
	Signature, typeo		na tide il applicable. (1401E.4		ie tedolien v			······································	
;	FILE NOW:	FEE IS \$61.25	9. Election Camp	aign Financing		\$5.00 May Be	Make Ch	eck Payable	to
čį,	ILL HOW	, LE 10 001.25	Trust Fund Cor	ntribution. [Added to Fees	Florida De	partment of S	State
10.		OFFICERS AND DIR	ECTORS ·	11.	A	DDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS IN	10
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NAME		L, RICHARD S		NAME	KIE	RUAN BRIG	OBET	301	}
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NAME	LOVELL, R	ONALD		NAME					
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12. I hereby o	ertify that the	information supplied with t	his filing does not qualify for th	e exemption state	d in Sec	tion 119 07(3)(i) Florid	a Statutes I further	certify that the in	formation

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: _