2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#725360

FILED Feb 23, 2009 Secretary of State

Entity Name: INTRACOASTAL TOWER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	RETARY IVERSIDE DRIV O BEACH, FL 3					
current Mailing Address:		New Mailing Address:				
	RETARY IVERSIDE DRIV O BEACH, FL 3					
El Number	: 59-4525197	FEI Number Applied For ()	FEI Number Not App	licable () Certificate o	f Status Desired ()	
lame and	l Address of Cu	urrent Registered Agent	: Name and	Address of New Registe	ered Agent:	
00 W. PA	OIS, AUBREY ALMETTO PARK TON, FL 33432					
he above	named entity su	ubmits this statement for t	he purpose of changing	its registered office or regis	stered agent, or both,	
the State	e of Florida.					
	RE:	c Signature of Registered	Agent	Dat	re	
SIGNATUI	RE:	-	_	Dat		
SIGNATUI	RE:Electronic S AND DIRECT	ORS: Delete H IDE DR. #306	_		ERS AND DIRECTOR	
DFFICER: itle: ame: ddress:	RE: Electronic S AND DIRECT P () I MANEY, JOSEPH 1505 N. RIVERS POMPANO BEA	CORS: Delete H IDE DR. #306 CH, FL 33062 Delete DE DR #1401	ADDITION Title: Name: Address:	IS/CHANGES TO OFFICE	ERS AND DIRECTOR	
DFFICER: itle: lame: ddress: itly-St-Zip: itle: lame: ddress:	Electronic S AND DIRECT P () [MANEY, JOSEPH 1505 N. RIVERS POMPANO BEACT T () [RAPILLO, JOHN 1505 N RIVERSI POMPANO BEACT	Delete H IDE DR. #306 CH, FL 33062 Delete DE DR #1401 CH, FL 33062 Delete DE DR #DE DR #DE DR #DE DR #DE DR #DE DR #DE DR DE DR DE DR DE DR DE DR APT 506	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	NS/CHANGES TO OFFICE	ERS AND DIRECTOR Addition Addition	

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: JOSEPH MANEY PRES 02/23/2009