


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 733674</b>	
1. Entity Name INTERCOASTAL COVE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1708 S. OCEAN BLVD. #4 DELRAY BCH., FL 33483	Mailing Address 1708 S. OCEAN BLVD. #4 DELRAY BCH., FL 33483
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DO NOT WRITE IN THIS SPACE

05272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0908380	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

PRINGLE, KATHRYN  
1708 S. OCEAN BLVD.  
DELRAY BCH, FL 33483

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARBONE, LOUIS J 1708 S OCEAN BLVD DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOSLYN, JAMES 1708 S. OCEAN BLVD. DELRAY BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PRINGLE, KATHRYN 1708 S. OCEAN BLVD. DELRAY BCH., FL
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05/31/05-80004-018 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:** Kathryn Pringle, Sec. Treasurer 4/25/05 561-782-3148  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #