

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90048 007 \*\*\*\*61.25

**DOCUMENT # 733674**

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
59-0908380

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME CARBONE, LOUIS J  
STREET ADDRESS 1708 S OCEAN BLVD  
CITY-ST-ZIP DELRAY BEACH, FL

TITLE President ☐ Change ☒ Addition  
NAME Kevin Harrington  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Delete  
NAME JOSLYN, JAMES  
STREET ADDRESS 1708 S. OCEAN BLVD.  
CITY-ST-ZIP DELRAY BCH., FL

TITLE VP ☐ Change ☒ Addition  
NAME John Anthony Luke  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST ☐ Delete  
NAME PRINGLE, KATHRYN  
STREET ADDRESS 1708 S. OCEAN BLVD.  
CITY-ST-ZIP DELRAY BCH., FL

TITLE Treasurer ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Secretary ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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: Kathryn Pringle Treasurer

4/20/06 561- 872-7465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #