


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90399 034 \*\*\*\*61.25

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

|   |   |
|---|---|
| Principal Place of Business<br>1708 S. OCEAN BLVD.<br>#4<br>DELRAY BCH., FL 33483 | Mailing Address<br>1708 S. OCEAN BLVD.<br>#4<br>DELRAY BCH., FL 33483 |
|---|---|

**40088041**



|  |               |  |         |
|--|---------------|--|---------|
| 2. Principal Place of Business-- No P.O. Box #<br>500 NE Spanish River Blvd Boca Raton Property Mgmt |               | 3. Mailing Address<br>500 NE Spanish River Blvd Ste 18 |         |
| Suite, Apt. #, etc.<br>Ste. 18   |               | Suite, Apt. #, etc.<br>Ste. 18                         |         |
| City & State<br>Boca Raton FL  |               | City & State<br>Boca Raton FL                          |         |
| Zip<br>33431   | Country<br>US | Zip<br>33431   | Country |

02142007 Chg-NP CR2E037 (12/06)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>59-0908380 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

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

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent<br><br>PRINGLE, KATHRYN<br>1708 S. OCEAN BLVD.<br>DELRAY BCH, FL 33483 |  | 7. Name and Address of New Registered Agent<br><br>Ernest Willis<br>500 NE Spanish River Blvd Ste 18<br>Boca Raton FL<br>City FL Zip Code 33431 |  |
|--|--|---|--|

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>HARRINGTON, KEVIN<br>1708 S OCEAN BLVD<br>DELRAY BEACH, FL <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>LUKE, JOHN A<br>1708 S. OCEAN BLVD.<br>DELRAY BCH., FL <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>PRINGLE, KATHRYN<br>1708 S. OCEAN BLVD.<br>DELRAY BCH., FL <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #