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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 747717

1. Corporation Name
THE INTREPID CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 9445 BLIND PASS ROAD
 ST. PETERSBURGH BEACH FL 33706

Mailing Address
 9445 BLIND PASS ROAD
 ST. PETERSBURGH BEACH FL 33706



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/18/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2071969	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SMITH, BRIAN K. 10033 9TH STREET N ST. PETERSBURG FL 33716-0805				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GRIECO, PAUL <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9495 BLIND PASS RD	1.2 NAME	
STREET ADDRESS	ST. PETERSBURG BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCUTTI, FRANK	2.2 NAME	VP DOSSIN, FRAN
STREET ADDRESS	9495 BLIND PASS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE BCH FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVES, CLAIRE	3.2 NAME	S BRUSKY, DONALD
STREET ADDRESS	9495 BLIND PASS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAS, RICHARD	4.2 NAME	T JOAS, RICHARD
STREET ADDRESS	9495 BLIND PASS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPULSKEY, ANN	5.2 NAME	D SKLET, ANTHONY
STREET ADDRESS	9495 BLIND PASS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE BEACH FL	5.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARRECCHIONE, ANTHONY	6.2 NAME	
STREET ADDRESS	9495 BLIND PASS RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG BEACH FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD JOAS **SIGNATURE REQUIRED** RICHARD JOAS 4/14/99 367-5659
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1.1/98)