

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749863** (7)  
1. Corporation Name  
**CONDOMINIUMS ON THE INTRACOASTAL ASSOCIATION, IN C.**



Principal Place of Business <b>2525 LAKE DRIVE RIVIERA BEACH FL 33404</b>	Mailing Address <b>2525 LAKE DRIVE RIVIERA BEACH FL 33404-4784</b>
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3. Date Incorporated or Qualified <b>11/20/1979</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	4. FEI Number <b>59-1977143</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**STEWART, JAMES M.  
1211 THE PLAZA  
SINGER ISLAND FL 33404**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PBD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, BILL	
STREET ADDRESS	2525 LAKE DR #407	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	VPBD	<input type="checkbox"/> DELETE
NAME	HALBERT, EMILIE	
STREET ADDRESS	2525 LAKE DR #205	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	BOD	<input checked="" type="checkbox"/> DELETE
NAME	PENNULIS, ELLEN	
STREET ADDRESS	7001 GEMINATA OAK CT	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	TSBD	<input type="checkbox"/> DELETE
NAME	VEDDER, DONALD M.	
STREET ADDRESS	VEDDER, DONALD, M	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	BOD	<input checked="" type="checkbox"/> DELETE
NAME	GAGAARD, STEVE	
STREET ADDRESS	2525 LAKE DR #504	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>TOM DOST</b>
1.3 STREET ADDRESS	<b>2525 LAKE DR # 310</b>
1.4 CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>EMILIE HALBERT</b>
2.3 STREET ADDRESS	<b>2525 LAKE DR # 205</b>
2.4 CITY-ST-ZIP	<b>RIV BECH FL 33404</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>MAURYN GORDON</b>
3.3 STREET ADDRESS	<b>2525 LAKE DRIVE #404</b>
3.4 CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>STEVE GORDON</b>
4.3 STREET ADDRESS	<b>64 OLIVE HERRON</b>
4.4 CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>WALTER MCGRATH</b>
5.3 STREET ADDRESS	<b>112 LAKE DR</b>
5.4 CITY-ST-ZIP	<b>INDIAN OAKLAND, MA 01151</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>William Collier</b>
6.3 STREET ADDRESS	<b>382 West Main St</b>
6.4 CITY-ST-ZIP	<b>Tiruvallur, PA 16354</b>

14. I do 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.

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* **4-29-97** **(561-848-8635)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0039972

CR2E037 (9/96)