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Jun 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 2525 LAKE DRIVE RIVIERA BEACH FL 33404	Mailing Address 2525 LAKE DRIVE RIVIERA BEACH FL 33404
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3. Date Incorporated or Qualified 11/20/1979
4. FEI Number 59-1977143
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent STEWART, JAMES M. 1211 THE PLAZA SINGER ISLAND FL 33404	
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10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	(v/d) <input type="checkbox"/> DELETE
NAME	DOST, TOM
STREET ADDRESS	2525 LAKE DR #310
CITY-ST-ZIP	RIVIERA BEACH FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	HALBERT, EMILIE
STREET ADDRESS	2525 LAKE DR #205
CITY-ST-ZIP	RIVIERA BEACH FL
TITLE	D/S <input type="checkbox"/> DELETE
NAME	GOLDBERG, MAVRY
STREET ADDRESS	2525 LAKE DRIVE #PH
CITY-ST-ZIP	RIVIERA BCH FL
TITLE	TSBD <input checked="" type="checkbox"/> DELETE
NAME	VEDDER, DONALD M.
STREET ADDRESS	VEDDER, DONALD, M
CITY-ST-ZIP	PALM BCH GARDENS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MCGRADY, WALTER
STREET ADDRESS	112 LAKE DR
CITY-ST-ZIP	INDIAN ORCHARD MA
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GULLEHUN, WILLIAM
STREET ADDRESS	332 WEST MAIN ST
CITY-ST-ZIP	TITUSVILLE PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VICTOR COOK (P/D)
1.3 STREET ADDRESS	2525 LAKE DRIVE #108
1.4 CITY-ST-ZIP	RIVIERA BEACH FL 33404
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BILL DAVIS (D)
2.3 STREET ADDRESS	2525 LAKE DRIVE #407
2.4 CITY-ST-ZIP	RIVIERA BEACH FL 33404
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STEVE GORDON (D)
3.3 STREET ADDRESS	64 E. BAYVIEW BLVD
3.4 CITY-ST-ZIP	RIVIERA BCH FL 33404
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BARBARA BARTLEY (D)
4.3 STREET ADDRESS	2525 LAKE DRIVE #509
4.4 CITY-ST-ZIP	RIVIERA BCH FL 33404
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Mauvy Goldberg* Secretary **4/30/98** 561-844-1116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **0040808**

CR2E037 (10/97)