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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 # 749863					
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		
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		3. Date Incorporated or Qualified 11/20/1979 4. FEI Number 59-1977143 Applied For Not Applicable 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	
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 Maury Goldberg 82 Street Address (P.O. Box Number is Not Acceptable) 2525 Lake Drive #PH 83 84 City Riviera Beach, FL 85 Zip Code 33404		
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 Maury Goldberg Secretary <i>Maury Goldberg</i> 3/18/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE VD NAME DOST, TOM STREET ADDRESS 2525 LAKE DR #310 CITY-ST-ZIP RIVIERA BEACH FL			1.1 TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Dost, Tom 1.3 STREET ADDRESS 410 59th St. 1.4 CITY-ST-ZIP West Palm Beach, Fl. 33407		
TITLE PD <input checked="" type="checkbox"/> DELETE NAME COOK, VICTOR STREET ADDRESS 2525 LAKE DR, 108 CITY-ST-ZIP RIVIERA BCH FL 33404			2.1 TITLE PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Pike, James 2.3 STREET ADDRESS 2525 Lake Dr. #115 2.4 CITY-ST-ZIP Riviera Beach, Fl. 33404		
TITLE DS <input type="checkbox"/> DELETE NAME GOLDBERG, MAVRY STREET ADDRESS 2525 LAKE DRIVE #PH CITY-ST-ZIP RIVIERA BCH FL			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME BARTLEY, BARBARA STREET ADDRESS 2525 LAKE DR 509 CITY-ST-ZIP RIVIERA BCH FL 33404			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE D <input checked="" type="checkbox"/> DELETE NAME MCGRADY, WALTER STREET ADDRESS 112 LAKE DR CITY-ST-ZIP INDIAN ORCHARD MA			5.1 TITLE DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME Lourcey, Sue 5.3 STREET ADDRESS 2525 Lake Dr. #318 5.4 CITY-ST-ZIP Riviera Beach, Fl. 33404		
TITLE D <input type="checkbox"/> DELETE NAME GORDON, STEVE STREET ADDRESS 64 E BLUE HERON BLVD CITY-ST-ZIP RIVIERA BCH FL 33404			6.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME Davis, William 6.3 STREET ADDRESS 2525 Lake Dr. #407 6.4 CITY-ST-ZIP Riviera Beach, Fl. 33404		



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: *Maury Goldberg* Secretary *Maury Goldberg* 3/18/99 (561)844-1716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #