2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749863 Apr 26, 2000 8:00 am Secretary of State CONDOMINIUMS ON THE INTRACOASTAL ASSOCIATION, IN 04-26-2000 90196 038 ****61.25 Principal Place of Business Mailing Address 2525 LAKE DRIVE 2525 LAKE DRIVE RIVIERA BEACH FL 33404-4729 RIVIERA BEACH FL 33404 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1977143 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PIKE Street Address_(P.O. GOLDBERG, MAURY 2525 LAKE DRIVE #PH RIVIERA BEACH FL 33404 ed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 8. The above na SIGNATURE gistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PRES/AIR JAMES Change **Addition** VD Delete TITLE TITLE NAME DOST, TOM NAME 2525 LAKE DR # 115 STREET ADDRESS STREET ADDRESS 2525 LAKE DR #310 RIVIERA BEACH FL 33404 CITY-ST-ZIP CITY-ST-ZIP RIVIERA BEACH FL TR/DIR Addition PD Delete TITLE ☐ Change TITLE SUE LOURCEY 2525 PAKE OR \$ 318 COOK, VICTOR NAME NAME STREET ADDRESS STREET ADDRESS 2525 LAKE DR, 108 RIVIERN BEACH FL CITY-ST-ZIP CITY-ST-7IP RIVIERA BCH FL 33404 SEC DIR STEVEN GOVLET Delete TITLE D\$ TITLE NAME GOLDBERG, MAVRY NAME 1525 LAKE DR #316 STREET ADDRESS STREET ADDRESS 2525 LAKE DRIVE #PH RIVIERA BEACH FL 33404 CITY-ST-ZIP CITY-ST-ZIP RIVIERA BCH FL ■ Addition ☐ Delete TITLE TITLE NAME BARTLEY, BARBARA NAME STREET ADDRESS STREET ADDRESS 2525 LAKE DR 509 CITY-ST-ZIP CITY-ST-ZIP RIVIERA BCH FL 33404 ☐ Change Addition ☐ Delete TITLE TITLE MCGRADY, WALTER NAME NAME STREET ADDRESS STREET ADDRESS 112 LAKE DR CITY-ST-ZIP CITY-ST-ZIP INDIAN ORCHARD MA ☐ Addition ☐ Change ☐ Delete TITLE TITLE D NAME GORDON, STEVE NAME 64 E BLUE HERON BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RIVIERA BCH FL 33404 12. 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 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

IGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date DayLime Phone #

changed, or on an attachment with an address, with all other like empowered.