

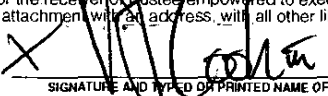


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90474 029 \*\*\*\*61.25

<b>DOCUMENT # 749863</b> 1. Entity Name CONDOMINIUMS ON THE INTRACOASTAL ASSOCIATION, INC.					
Principal Place of Business 4239 NORTHLAKE BLVD. SUITE D PALM BEACH GARDENS, FL 33410			Mailing Address 2525 LAKE DRIVE RIVIERA BEACH, FL 33404 US		
2. Principal Place of Business 2525 Lake Drive		3. Mailing Address 4239 Northlake Blvd.			
Suite, Apt. #, etc. Suite D		Suite, Apt. #, etc. Suite D		04072004 Chg-NP CR2E037 (10/03)	
City & State Riviera Beach, FL		City & State Palm Beach Gardens, FL		4. FEI Number 59-1977143	
Zip 33404		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CROSSIN, JOSEPH 4239 NORTHLAKE BLVD. SUITE D PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOK, VICTOR 2525 LAKE DRIVE, #C-7 RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D DONNA WESTACOTT 2525 Lake Drive, #413 Riviera Beach, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARPENTER, SUSAN 2525 LAKE DRIVE, #111 RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director BETTY ASSEF 5250 N. Ocean Dr., #8N Singer Island, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEYER, LINDA 233 CORTEZ RD. WEST PALM BEACH, FL 33405	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. PAUL DAMIGOS 312 S. Old Dixie Hwy, #202 Jupiter, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOOMIGIAN, GEORGE 2525 LAKE DRIVE, #204 RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTER McGRADY 112 Lake Drive Indian Orchard, MA 01151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULET, STEVE 2525 LAKE DRIVE, #316 RIVIERA BEACH, FL 33404	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOKE, JOHN 2525 LAKE DRIVE, #C-4 RIVIERA BEACH, FL 33404	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICTOR COOK, President					
Date: 4/19/04 Daytime Phone: 561-626-2778					