

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90331 030 \*\*\*\*61.25

<b>DOCUMENT # 749863</b> 1. Entity Name CONDOMINIUMS ON THE INTRACOASTAL ASSOCIATION, INC.			
Principal Place of Business 2525 LAKE DRIVE RIVIERA BEACH, FL 33404 US		Mailing Address <del>4250 NORTHLAKE BLVD.</del> <del>SUITE D</del> PALM BEACH GARDENS, FL 33410 US	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address <i>4239 Northlake Blvd, Ste 0.</i> Suite, Apt. #, etc. <i>SUITE D</i> City & State <i>Palm Beach Gardens, FL</i> Zip                      Country <i>33410      Palm Beach</i>	
4. FEI Number 03312005      Chg-NP      CR2E037 (10/03)		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent CROSSEN, 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, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS	
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	VPD CARPENTER, SUSAN 2525 LAKE DRIVE, #111 RIVIERA BEACH, FL 33404 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WESTACOTT, DONNA 2525 LAKE DRIVE, #413 RIVIERA BEACH, FL 33404 <input type="checkbox"/> Delete	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 ASSEF, BETTY 5250 N. OCEAN DR. #814 SINGER ISLAND, FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAMIGOS, PAUL 312 OLD DIXIE HWY. #202 JUPITER, FL 33458 <input checked="" type="checkbox"/> Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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>		Date: <i>4/9/05</i> Daytime Phone # _____	

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