


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90084 049 \*\*\*\*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 3307 NORTH LAKE BLVE SUITE A WEST PALM BEACH, FL 33403 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04042007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1977143	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CROSSEN, JOSEPH 4239 NORTH LAKE BLVD. SUITE 107 WEST PALM BEACH, FL 33403				Name Street Address (P.O. Box Number is Not Acceptable) 3307 Northlake Blvd Suite 107 City Palm Beach Gardens FL Zip Code 33403	
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</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOK, VICTOR		NAME		
STREET ADDRESS	2525 LAKE DRIVE, #C-7		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH, FL 33404		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLNEY, SETH		NAME	DAWN DOUBLEDAY	
STREET ADDRESS	2979 PGA BLVD.		STREET ADDRESS	2979 PGA BOULEVARD	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	PAUL WALCZAK	
STREET ADDRESS			STREET ADDRESS	2979 PGA BOULEVARD	
CITY-ST-ZIP			CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	SIOBAGHAN SHELTON	
STREET ADDRESS			STREET ADDRESS	2979 PGA BOULEVARD	
CITY-ST-ZIP			CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JOSEPH FAGO	
STREET ADDRESS			STREET ADDRESS	2979 PGA BOULEVARD	
CITY-ST-ZIP			CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE: <u>Joseph Fago</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/4/07</u>		
			Daytime Phone #: <u>(561) 626-2778</u>		