2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753765

FILED Apr 20, 2009 Secretary of State

Entity Name: THE INTERCOASTAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 19727 GULF BLVD. # 207 INDIAN SHORES, FL 33785 **New Mailing Address: Current Mailing Address:** 19727 GULF BLVD. # 207 INDIAN SHORES, FL 33785 FEI Number: 59-2192231 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NELMS, CHARLES 4175 E. BAY DR. #250 CLEARWATER, FL 33764 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition NELMS, CHARLES Name: Name: 4175 E. BAY DR. #250 Address: Address: City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: Title: Title: () Delete () Change () Addition LEWIS, DAVID Name: Name: Address: 19727 GULF BLVD #208 Address: City-St-Zip: INDIAN SHORES, FL 33785 City-St-Zip: Title: () Delete Title: DS (X) Change () Addition LUKOWSKI, LILLIAN HARRISON, ARNELL Name: Name: 19727 GULF BLVD. #209 Address: P.O. BOX 636 Address: City-St-Zip: SAINT PETERSBURG, FL 33731 City-St-Zip: INDIAN SHORES, FL 33785 Title: DVP () Delete Title: DVP (X) Change () Addition Name: MINARDEO, GREG Name: OERTEL, KATHRYN Address: 19727 GULF BLVD. #201 Address: 215 E BAY STREET #7 City-St-Zip: INDIAN ROCKS BEACH, FL 33785 City-St-Zip: LAKELAND, FL 33801 Title: DS () Delete Title: (X) Change () Addition CAROLINE, KAY CAROLINE, KAY Name: Name: 19727 GULF BLVD. #110 19727 GULF BLVD. #110 Address: Address: INDIAN ROCKS BEACH, FL 33785 City-St-Zip: INDIAN ROCKS BEACH, FL 33785 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES NELMS P 04/20/2009