2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #762963

1. Entity Name
INTRACOASTAL VILLAS' HOMEOWNERS



FILED Mar 08, 2007 8:00 am Secretary of State

03-08-2007 90001 035 ****61.25

	TION,INC.	4LI/O							
Principal Place of Business #30 3333 SOUTH RIDGEWOOD AVE. PORT ORANGE, FL 32119		Mailing Address C/O ALL FLORIDA REALTY SERVICES, INC 152 RIDGEWOOD AVENUE HOLLY HILL, FL 32117				Bind imid jama ar	tes illi siäli siav	ejāji ejān ejeri eje	RATI ON ARTS
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01222007	Chg-NP	CR28	:037 (12/06)	
City & State		City & State			4. FEI Numbe 59-2877	211			pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desir	ed [\$8.75 Add Fee Require	
	6. Name and Address of Current R	legistered Agent			7. Name and	Address of N	ew Registere	d Agent	
	IDA REALTY SERVICES, INC.		Name	11. 45		1. 11. 4		 	
	EWOOD AVENUE LL, FL 32117	Stre		acress (F	P.O. Box Numbe	r is Not Accep			
			City				F	Zip Cod	e
8. The above	named entity submits this statement for	the purpose of changing its ru	egistered office or	registere	ed agent, or bot	h. in the State		<u> </u>	and accept
	ions of registered agent.	the perpendicular and a second				.,			-
SIGNATURE .									
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signati	ure required	when reinstating)		DAT	E	
	Signature, typed or printed name of registered agent as Filling Fee is \$61.25	9. Election Camp	paign Financing		\$5.00 May B	9	Make ch	ack payable t	A. A
10	Signature, typed or printed name of registered egent at Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing Intribution.		\$5.00 May B Added to Fees		Make ch Florida Dej	ack payable t partment of S	tate
10.	Signature, typed or printed name of registered agent as Filling Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May B Added to Fees DDITIONS/CH/	ANGES TO OF	Make ch Florida Dej	ack payable t partment of S	tate
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I hereby certify that the information supplied with this filling 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: