## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#762963** 

FILED Feb 27, 2009 Secretary of State

Entity Name: INTRACOASTAL VILLAS' HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:	New Principal Place of Business:
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#30 3333 SOUTH RIDGEWOOD AVE. 3333 S. RIDGEWOOD AVENUE PORT ORANGE, FL 32119 PORT ORANGE, FL 32129

**Current Mailing Address: New Mailing Address:** 

C/O ALL FLORIDA REALTY SERVICES, INC C/O ALL FLORIDA GMAC REAL ESTATE, INC. 152 RIDGEWOOD AVENUE 152 RIDGEWOOD AVENUE HOLLY HILL, FL 32117 HOLLY HILL, FL 32117

FEI Number: 59-2877211 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:

ALL FLORIDA REALTY SERVICES, INC. ALL FLORIDA GMAC REAL ESTATE, INC. 152 RIDGEWOOD AVENUE 152 RIDGEWOOD AVENUE HOLLY HILL, FL 32117 HOLLY HILL, FL 32117

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: MARISA A. RAINS 02/27/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition LAFRINERE, JACKIE JACKSON, JOHN Name: Name:

3333 SOUTH RIDGEWOOD AVE. #Z Address: 3626 DONNA STREET Address: City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip: PORT ORANGE, FL 32129

Title: () Delete Title: () Change () Addition

WILSON, ROBERT Name: Name: Address: 3333 SOUTH RIDGEWOOD AVENUE #11 Address: City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip:

Title: () Delete Title: TD (X) Change ( ) Addition

BAXTER, J. AARON Name: BAXTER, AARON J Name:

#14 3333 SOUTH RIDGEWOOD AVE. 3333 SOUTH RIDGEWOOD AVE. #14 Address: Address:

City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip: PORT ORANGE, FL 32129

Title: () Delete Title: (X) Change ( ) Addition Name: JACKSON, JOHN Name: ZOLLINGER, JUDY 3333 S. RIDGEWOOD AVENUE #10 Address: 3626 DONNA STREET Address:

City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip: PORT ORANGE, FL 32129

Title: () Delete Title: ( ) Change (X) Addition

WILSON, WILLIAM R Name: Name: 10054 HECKSCHER DRIVE Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32226

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: MARISA A. RAINS CAM 02/27/2009