2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # F22558

1. Entity Name
INTERCOASTAL REALTY, INC.

Principal Place of Business	Mailing Address
1500 E. LAS OLAS FT. LAUDERDALE, FL 33301	1500 E. LAS OLAS FT. LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

01092008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2095699

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BEAUCHAMP, ELIZABETH T.
1500 EAST LAS OLAS BLVD.
FT. LAUDERDALE, FL 33301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	BEAUCHAMP, ELIZABETH T
STREET ADDRESS	1500 E. LAS OLAS BLVD.
CITY-ST-ZIP	FT LAUDERDALE, FL 00000, 33301
TITLE	V
NAME	BEAUCHAMP, JOHN L.
STREET ADDRESS	1500 E. LAS OLAS BLVD.
CITY-ST-ZIP	FT LAUDERDALE, FL 33301
TITLE	V
NAME	RUTH, PATRICIA P
STREET ADDRESS	1500 E. LAS OLAS BLVD.
CITY-ST-ZIP	FT LAUDERDALE, FL 33301
TITLE	V
NAME	BEAUCHAMP, JOHN W
STREET ADDRESS	1500 E LAS OLAS BLVD
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	ST
NAME	BEAUCHAMP, RICHARD A
STREET ADDRESS	1500 E LAS OLAS BLVD
CITY-ST-ZIP	FT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/16/08-80086-007 150.00

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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 607, 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: Elizabeth T. Beauchamp 01/09/08 954-467-1448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #