

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90027 013 \*\*\*\*61.25

**DOCUMENT # F96000002185**

1. Entity Name

920 INTRACOASTAL, INC.



Principal Place of Business

Mailing Address

920 INTRACOASTAL DR  
FT LAUDERDALE FL 33304

920 INTRACOASTAL DR  
FT LAUDERDALE FL 33304



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1441199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASEY, JOHN F  
920 INTRACOASTAL DR #24  
FT LAUDERDALE FL 33304

Name

Street Address (P.O. Box Number is Not Acceptable)

920 INTRACOASTAL DR.

City FT. LAUDERDALE

FL

Zip Code 33304

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

COLLEEN STIEBELING

*Colleen Stiebeling*

02-20-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DS ☒ Delete  
NAME BREITENBACH, JOSEPH E  
STREET ADDRESS 3333 NE 34 STREET, #1601  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE DS ☐ Change ☒ Addition  
NAME COLLEEN STIEBELING  
STREET ADDRESS 920 INTRACOASTAL DR. #5  
CITY-ST-ZIP FT. LAUDERDALE FL. 33304

TITLE DV ☐ Delete  
NAME BRIGGS, MARGARET  
STREET ADDRESS 920 INTRACOASTAL DRIVE SUITE 2  
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HAGE, JOSEPH  
STREET ADDRESS 920 INTRACOASTAL DRIVE SUITE 26  
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT ☒ Delete  
NAME SCHAFER, JAY  
STREET ADDRESS 920 INTRACOASTAL DR., #28  
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE DT ☐ Change ☒ Addition  
NAME MARJORIE GRAYSON  
STREET ADDRESS 920 INTRACOASTAL DR. #8  
CITY-ST-ZIP FT. LAUDERDALE, FL. 33304

TITLE DP ☐ Delete  
NAME STRIPLING, MYRNA  
STREET ADDRESS 920 INTRACOASTAL DRIVE SUITE 4  
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Colleen Stiebeling*

COLLEEN STIEBELING 02-20-06 954-821-2511