

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2007 8:00 am
Secretary of State

04-30-2007 90815 021 ****61.25

DOCUMENT # N00000000557					
1. Entity Name INTRACOASTAL HARBOUR HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 11595 KELLY ROAD, SUITE 309 FT. MYERS, FL 33908			Mailing Address 11595 KELLY ROAD, SUITE 309 FT. MYERS, FL 33908		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0992195	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
				Name ARLENE O'NEILL	
				Street Address (P.O. Box Number is Not Acceptable) INTRACOASTAL ASSOC. MGMT.	
				City FT. MYERS	
				Zip Code FL 33908	
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 <i>Arlene O'Neill</i> ARLENE O'NEILL DATE 5/22/07					
(NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		10. \$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE	STD	☐ Delete			
NAME	MARTIN, BOB				
STREET ADDRESS	15150 INTRACOASTAL CT				
CITY - ST - ZIP	FORT MYERS, FL 33908				
TITLE	VPD	☐ Delete			
NAME	MEDENWALD, GARY				
STREET ADDRESS	15171 INTRACOASTAL COURT				
CITY - ST - ZIP	FORT MYERS, FL 33908				
TITLE	D	☐ Delete			
NAME	REDLING, RICHARD				
STREET ADDRESS	15191 INTRACOASTAL CT				
CITY - ST - ZIP	FORT MYERS, FL 33908				
TITLE	PD	☐ Delete			
NAME	WALLACE, DEAN				
STREET ADDRESS	15071 INTRACOASTAL CT				
CITY - ST - ZIP	FT MYERS, FL 33908				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	D	☒ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Change ☒ Addition			
NAME	VP/D				
STREET ADDRESS	SPIVEY, TRICIA				
CITY - ST - ZIP	15151 INTRACOASTAL CT				
	FT. MYERS, FL 33908				
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 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: <i>Robert A. Martin</i> ROBERT MARTIN DATE 4/19/07 DAYTIME PHONE # 239-590-6281					
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR					