

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000557

FILED
May 01, 2009
Secretary of State

Entity Name: INTRACOASTAL HARBOUR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11595 KELLY ROAD, SUITE 309
FT. MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

11595 KELLY ROAD, SUITE 309
FT. MYERS, FL 33908

New Mailing Address:

FEI Number: 65-0992195 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

O'NEILL, ARLENE
C/O COASTAL ASSOC. MGMT.
11595 KELLY ROAD #309
FT MYERS, FL 33908 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD (X) Delete
Name: MARTIN, BOB
Address: 15150 INTRACOASTAL CT
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: MEDENWALD, GARY
Address: 15171 INTRACOASTAL COURT
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: REDLING, RICHARD
Address: 15191 INTRACOASTAL CT
City-St-Zip: FORT MYERS, FL 33908

Title: PD () Delete
Name: WALLACE, DEAN
Address: 15071 INTRACOASTAL CT
City-St-Zip: FT MYERS, FL 33908

Title: VD () Delete
Name: SPIVEY, TRICIA
Address: 15151 INTRACOASTAL CT
City-St-Zip: FT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change () Addition
Name: REDLING, RICHARD
Address: 15191 INTRACOASTAL CT
City-St-Zip: FORT MYERS, FL 33908

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DEAN WALLACE

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date