

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90042 032 \*\*\*\*61.25

**DOCUMENT # N03000007832**

1. Entity Name  
**INTERCOASTAL TOWNHOMES ASSOCIATION, INC.**



Principal Place of Business  
**1610 S. PALMETTO AVE.  
SOUTH DAYTONA, FL 32119**

Mailing Address  
**1034 RIDGEWOOD AVE  
SUITE 1  
HOLLY HILL, FL 32114**

**40067693**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

**20-0384308**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WAKINS, VIRGINIA  
1034 RIDGEWOOD AVE  
STE 1  
HOLLY HILL, FL 32117**

Name

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

City

**FL**

Zip Code

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

*Virginia Wakers*

*4/11/08*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

TITLE **S** ☐ Delete  
NAME **KENT, RUTH**  
STREET ADDRESS **1610 S PALMETTO AVE., #7**  
CITY-ST-ZIP **SOUTH DAYTONA BEACH, FL 32119**

TITLE **T** ☒ Delete  
NAME **SERRANO, MICHELLE**  
STREET ADDRESS **1610 S PALMETTON AVE., #12**  
CITY-ST-ZIP **SOUTH DAYTONA BEACH, FL 32119**

TITLE **D** ☐ Delete  
NAME **GARDNER, MARK**  
STREET ADDRESS **33 ST ANDREWS DR**  
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **VP** ☐ Delete  
NAME **REED, RICHARD**  
STREET ADDRESS **828 DONNELLY PLACE**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE **P** ☐ Delete  
NAME **CALIMAREA, LYDIA**  
STREET ADDRESS **1047 POCATELLO COURT**  
CITY-ST-ZIP **PORT ORANGE, FL 32119**

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

TITLE ☐ Change ☐ Addition  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Lydia Calimarea*

Date

Daytime Phone #

*4/11/08*