## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000006810

FILED Jul 21, 2006 Secretary of State

Entity Name: INTRACOASTAL POINTE II CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 315 S DIXIE HIGHWAY SUITE 103 WEST PALM BEACH, FL 33401 **New Mailing Address: Current Mailing Address:** 315 S DIXIE HIGHWAY SUITE 103 WEST PALM BEACH, FL 33401 FEI Number: 20-5216659 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: KRASKER, PAUL A ESQ 625 NORTH FLAGLER DRIVE NINTH FLOOR WEST PALM BEACH, FL 33401 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete HOECKER, JOHN J HOECKER, JOHN J Name: Name: 315 S DIXIE HIGHWAY, SUITE 103 Address: 315 S DIXIE HIGHWAY, SUITE 101 Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: WEST PALM BEACH, FL 33401 ( ) Delete Title: VSD Title: () Change () Addition Name: WILMERING, N KENT Name: Address: 315 S DIXIE HIGHWAY, SUITE 103 Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: (X) Delete Title: () Change () Addition PAUL, JOE Name: Name: 4500 PGA BOULEVARD Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN J. HOECKER PTD 07/21/2006