

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90076 036 \*\*\*\*61.25

<b>DOCUMENT # N06000003917</b>					
<b>1. Entity Name</b> INTRACOASTAL POINTE II - BUILDING 3 CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 116 INTERCOASTAL POINTE DR SUITE 300 JUPITER, FL 33477			<b>Mailing Address</b> 116 INTERCOASTAL POINTE DR SUITE 300 JUPITER, FL 33477		
<b>2. Principal Place of Business - No P.O. Box #</b> 116 Intracoastal Pointe Dr Suite, Apt. #, etc. Suite 300 City & State Jupiter FL Zip 33477 Country USA		<b>3. Mailing Address</b> 116 Intracoastal Pointe Dr Suite, Apt. #, etc. Suite 300 City & State Jupiter FL Zip 33477 Country USA			
<b>4. FEI Number</b> 20-4857149		Applied For <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> KRASER, PAUL A ESQ 625 NORTH FLAGLER DRIVE NINTH FLOOR WEST PALM BEACH, FL 33401			<b>7. Name and Address of New Registered Agent</b> Name <u>Joseph A. Paul</u> Street Address (P.O. Box Number is Not Acceptable) <u>116 Intracoastal Pointe Drive</u> <u>Suite 300</u> City <u>Jupiter</u> <u>FL</u> Zip Code <u>33477</u>		
<b>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.</b>					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small>		<u>Joseph A. Paul</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>4/16/08</u> <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD PUAL, JOE 116 INTERCOASTAL POINTE DR JUPITER, FL 33477		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD Paul, Joseph A. 116 Intracoastal Pointe, Suite 300 Jupiter FL 33477	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>		<u>4-16-08</u>		<u>561-744-9122</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	