


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

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90020 013 ****61.25

DOCUMENT # N06000009361		
1. Entity Name INTERSTATE COMMERCIAL PARK CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 756 BEACHLAND BLVD VERO BEACH, FL 32963 US	Mailing Address 756 BEACHLAND BLVD VERO BEACH, FL 32963 US	

400100--



01112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1518021

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARKETT, BRUCE D ESQ.
756 BEACHLAND BLVD
VERO BEACH, FL 32963

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARDOZA, ROBERT 412 SW SILVER PALM CT PT ST LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BARKETT, BRUCE 756 BEACHLAND BLVD VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PARUSEL, LAURA 1605 91ST CT VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

01/21/08

Date

(772) 231-4343

Daytime Phone #