## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jun 12, 2009 DOCUMENT# N34452 Secretary of State

Entity Name: INTRACOASTAL POINT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 16531 NE 35TH AVE #10 NORTH MIAMI BEACH, FL 33160 US **New Mailing Address: Current Mailing Address:** 13499 BISCAYNE BLVD. **TOWER SUITE 4** NORTH MIAMI BEACH, FL 33181 FEI Number: 65-0183679 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TERRY, JOSE 13499 BISCAYNE BLVD **TOWER SUITE 4** NORTH MIAMI BEACH, FL 33181 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: **PRES** () Change () Addition () Delete SMITH, RANDALL Name: Name: 16531 NE 35TH AVE #10 Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33160 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete Name: PRESTON, JOHANY Name: LEDEZMA, RUBEN Address: 16531 NE 35TH AVE #8 Address: 7021 MIAMI LAKEWAY S. City-St-Zip: MIAMI, FL 33160 City-St-Zip: MIAMI LLAKES, FL 33014 Title: SEC () Delete Title: () Change () Addition ALBA, NELSON Name: Name: 16531 NE 35TH AVE #9 Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33160 City-St-Zip: Title: **TRES** ( ) Delete Title: () Change () Addition PRESTON, JOHANY Name: Name: Address: 16531 NE 35TH AVE. #8 Address:

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.

City-St-Zip:

SIGNATURE: JOHANY PRESTON **TRES** 06/12/2009

City-St-Zip:

NORTH MIAMI, FL 33160