


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90041 027 \*\*\*\*61.25

<b>DOCUMENT # N99000006772</b>	
1. Entity Name INTRACOASTAL ESTATES HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 434 COASTAL BREEZE WAY MERRITT ISLAND, FL 32953	Mailing Address 434 COASTAL BREEZE WAY MERRITT ISLAND, FL 32953
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2. Principal Place of Business 464 COASTAL BREEZE WAY	3. Mailing Address 464 COASTAL BREEZE WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MERRITT ISLAND, FL	City & State MERRITT ISLAND, FL
Zip 32953	Country USA
Zip 32953	Country USA

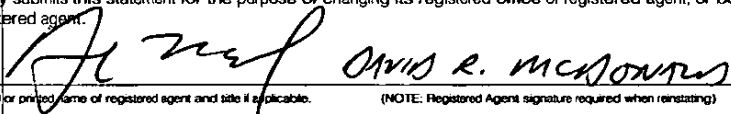


03122005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3611732	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PERLOW, DIANE- 434 COASTAL BREEZE WAY MERRITT ISLAND, FL 32953	7. Name and Address of New Registered Agent Name DAUE McDONALD Street Address (P.O. Box Number is Not Acceptable) 464 COASTAL BREEZE WAY City MERRITT ISLAND FL Zip Code 32953
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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.

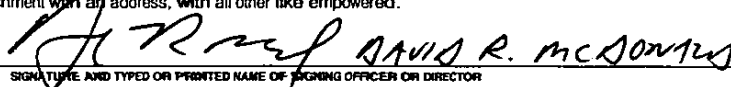
SIGNATURE  DAVID R. McDONALD 9 APR 05

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METZ, TROY 429 COASTAL BREEZE WAY MERRITT ISLAND, FL 32953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAUE McDONALD 464 COASTAL BREEZE WAY MERRITT ISLAND, FL 32953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, THOMAS M 471 COASTAL BREEZE WAY MERRITT ISLAND, FL 32953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DONARD METZGER 422 COASTAL BREEZE WAY MERRITT ISLAND, FL 32953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEPLON, DIANE C 434 COASTAL BREEZE WAY MERRITT ISLAND, FL 32953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEGGY GOOCH 423 COASTAL BREEZE WAY MERRITT ISLAND, FL 32953 <input type="checkbox"/> Change <input checked="" 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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DAVID R. McDONALD 9 APRIL 05 453-8444 (321)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #