


FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N990000006772 1. Entity Name INTRACOASTAL ESTATES HOMEOWNERS' ASSOCIATION, INC.		
Principal Place of Business 464 COASTAL BREEZE WAY MERRITT ISLAND, FL 32953	US	Mailing Address 464 COASTAL BREEZE WAY MERRITT ISLAND, FL 32953
	US	



DO NOT WRITE IN THIS SPACE



04242006 No Chg-NP

CR2E037 (11/05)

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		<p>DO NOT WRITE IN THIS SPACE</p>
<p>MCDONALD, DAVE 464 COASTAL BREEZE WAY MERRITT ISLAND, FL 32953</p>		

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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCDONALD, DAVE 464 COASTAL BREEZE WAY MERRITT ISLAND, FL 32953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V METZGER, DONARD 422 COASTAL BREEZE WAY MERRITT ISLAND, FL 32953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOOCH, PEGGY 423 COASTAL BREEZE WAY MERRITT ISLAND, FL 32953	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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05/13/06-80092-024 61.25

**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:

Dave McDonald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone No. _____