

2007 FOR PROFIT CORPORATION ANNUAL REPORT

150

DOCUMENT # P92000000707

1. Entity Name
INTRACOASTAL RESORTS, INC.



Principal Place of Business
3015 NORTH OCEAN AVENUE
FT. LAUDERDALE, FL 33308

Mailing Address
3015 NORTH OCEAN AVENUE
FT. LAUDERDALE, FL 33308

07 MAY 25 11:57
TALLAHASSEE, FLORIDA



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0366652

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER REBECCA A
3015 N OCEAN BLVD., #121
FT. LAUDERDALE, FL 33308

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SPD
NAME	FOSTER, REBECCA A
STREET ADDRESS	3015 N. OCEAN BLVD. #121
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	DVT
NAME	LANDAU, MARC
STREET ADDRESS	3015 N OCEAN BLVD #121
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300104253273
06/12/07--01006--001 **\$295.00

**DO NOT WRITE
IN THIS SPACE**

MM

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 607, 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

Date _____ Daytime Phone # _____

954.562.2444