

**2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 706477

**Entity Name:** INTERCONDOMINIUM GROUP, INC.

**Current Principal Place of Business:**

2090 PALM BEACH LAKES BLVD  
SUITE 502  
WEST PALM BEACH , FL 33409

**Current Mailing Address:**

2090 PALM BEACH LAKES BLVD  
SUITE 502  
WEST PALM BEACH , FL 33409 US

**FEI Number:** 59-2511163

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STOLOFF & MANOFF, PA  
2090 PALM BEACH LAKES BLVD  
SUITE 502  
WEST PALM BEACH , FL 33409 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:** SCOTT STOLOFF, ESQ.

04/16/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            OVED, RAFI  
Address        2090 PALM BEACH LAKES BLVD  
                 SUITE 502  
City-State-Zip: WEST PALM BEACH   FL 33409

Title            SECRETARY  
Name            MISCHOU, BILL  
Address        2090 PALM BEACH LAKES BLVD  
                 SUITE 502  
City-State-Zip: WEST PALM BEACH   FL 33409

Title            DIRECTOR  
Name            OCCHUIZZO, GINA  
Address        2090 PALM BEACH LAKES BLVD  
                 SUITE 502  
City-State-Zip: WEST PALM BEACH   FL 33409

Title            PRESIDENT  
Name            GOGAN, CONSTANTIN  
Address        2090 PALM BEACH LAKES BLVD  
                 SUITE 502  
City-State-Zip: WEST PALM BEACH   FL 33409

Title            VP  
Name            LIGHTMAN, HAROLD  
Address        2090 PALM BEACH LAKES BLVD  
                 SUITE 502  
City-State-Zip: WEST PALM BEACH   FL 33409

*I hereby 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 all other like empowered.*

**SIGNATURE:** CONSTANTIN GOGAN

**PRESIDENT**

04/16/2025

Electronic Signature of Signing Officer/Director Detail

Date