

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90108 035 ****61.25

DOCUMENT # 714897

1. Entity Name
**IMPERIAL COURT CONDOMINIUM APARTMENTS IV
ASSOCIATION, INC.**



Principal Place of Business
**1433 S. BELCHER ROAD
CLEARWATER, FL 33771 US**

Mailing Address
**C/O HOLIDAY ISLES PROPERTY MNGT., INC
7850 ULMERTON RD., SUITE 1
LARGO, FL 33771**

14006216



2. Principal Place of Business

Op Holiday Isles
Suite, Apt. #, etc.
7850 Ulmerton Rd Ste 1
City & State
Largo, FL
Zip
33771 Country
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

03262004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1385594

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLIDAY ISLES PROPERTY MANAGEMENT, INC.
7850 ULMERTON ROAD
SUITE 1
LARGO, FL 33771**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
ELLISON, CLAIRE
1433 S. BELCHER RD.
CLEARWATER, FL 33764** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CONN, WILLIAM
1433 S. BELCHER ROAD SUITE F-17
CLEARWATER, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
GEORGE, MOMA
1433 S BLECHER RD F 4
CLEARWATER, FL 33764** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
Conn, Irene
1433 S. Belcher Rd. # F17
Clearwater, FL 33764** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Claire Ellison - President

4-19-04