

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714897

FILED  
Jan 09, 2009  
Secretary of State

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

**Current Principal Place of Business:**

11350 66TH ST N STE 124  
LARGO, FL 33773 US

**New Principal Place of Business:**

**Current Mailing Address:**

11350 66TH ST N STE 124  
LARGO, FL 33773 US

**New Mailing Address:**

**FEI Number:** 59-1385594

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOLIDAY ISLES PROPERTY MANAGEMENT, INC.  
11350 66TH ST N STE 124  
LARGO, FL 33773 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ELLISON, CLAIRE  
Address: 1433 S. BELCHER RD.  
City-St-Zip: CLEARWATER, FL 33764

Title: PD ( ) Delete  
Name: KESELESKI, DEBRA  
Address: 1433 S. BELDER RD. E 16  
City-St-Zip: CLEARWATER, FL 33764

Title: SD ( ) Delete  
Name: BACKER, JESSICA  
Address: 1433 S. BELDER RD F.18  
City-St-Zip: CLEARWATER, FL 33764

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ELLISON, CLAIRE  
Address: 1433 S. BELCHER RD. E-20  
City-St-Zip: CLEARWATER, FL 33764

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEBRA KESELESKI

PRES

01/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date