

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 5: 57

DOCUMENT # 716358 (7)
1. Corporation Name
IMPERIAL COVE CONDOMINIUM 1 ASSOCIATION, INC.

Principal Place of Business Mailing Address
**19029 US HWY 19 NORTH
CLUBHOUSE OFFICE
CLEARWATER FL 34624** **19029 US HWY 19 NORTH
CLUBHOUSE OFFICE
CLEARWATER FL 34624**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
04/14/1969 **04/08/1994**

4. FEI Number Applied For
59-1382177 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**SHAW, MARLENE S.
19029 US HWY 19 NORTH
CLUBHOUSE OFFICE
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME **GALLAGHER, MARY**
STREET ADDRESS **19029 US HWY. 19 N. 1-26**
CITY - ST - ZIP **CLEARWATER FL 34624**

TITLE VD
NAME **STACY, JAMES**
STREET ADDRESS **19029 US HWY. 19 N. 1-6**
CITY - ST - ZIP **CLEARWATER FL**

TITLE D
NAME **KEHLER, JAMES**
STREET ADDRESS **19029 US HWY. 19 N. 1-11**
CITY - ST - ZIP **CLEARWATER FL 34624**

TITLE SD
NAME **BEARD, MADGE**
STREET ADDRESS **19029 US 19 NORTH, 1-15**
CITY - ST - ZIP **CLEARWATER FL**

TITLE TD
NAME **WAGNER, CURTIS**
STREET ADDRESS **19029 US HWY. 19 N. 1-5**
CITY - ST - ZIP **CLEARWATER FL 34624**

TITLE _____
NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE PD Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE _____ Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE _____ Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE _____ Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE _____ Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 resolver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: *James B. Stacy* 3-27-95 536-6216
MONITOR AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Office Phone No.
James B. Stacy, President