

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 716358 (7)**  
 1. Corporation Name  
**IMPERIAL COVE CONDOMINIUM 1 ASSOCIATION, INC.**



Principal Place of Business <b>19029 US HWY 19 NORTH CLUBHOUSE OFFICE CLEARWATER FL 34624</b>	Mailing Address <b>19029 US HWY 19 NORTH CLUBHOUSE OFFICE CLEARWATER FL 34624-3015</b>
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3. Date Incorporated or Qualified <b>04/14/1969</b>	3a. Date of Last Report <b>04/03/1996</b>
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country 24. Zip Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country 29. Zip Country
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4. FEI Number <b>59-1382177</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SHAW, MARLENE S.  
10929 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 <b>FL</b> 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GALLAGHER, MARY</b>		1.2 NAME <b>POYSER, ROBERT</b>	
STREET ADDRESS <b>19029 US HWY. 19 N. 1-26</b>		1.3 STREET ADDRESS <b>19029 US 19 N, 1-7</b>	
CITY-ST-ZIP <b>CLEARWATER FL</b>		1.4 CITY-ST-ZIP <b>CLEARWATER, FL 34624</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STACY, JAMES</b>		2.2 NAME	
STREET ADDRESS <b>19029 US HWY. 19 N. 1-6</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>CLEARWATER FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KEHLER, JAMES</b>		3.2 NAME <b>LANGE, HERMAN</b>	
STREET ADDRESS <b>19029 US HWY. 19 N. 1-11</b>		3.3 STREET ADDRESS <b>19029 US 19 N, 1-22</b>	
CITY-ST-ZIP <b>CLEARWATER FL 34624</b>		3.4 CITY-ST-ZIP <b>CLEARWATER, FL 34624</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BEARD, MADGE</b>		4.2 NAME <b>MCGUINNESS, ROBERTA</b>	
STREET ADDRESS <b>19029 US 19 NORTH, 1-15</b>		4.3 STREET ADDRESS <b>19029 US 19 N, 1-17</b>	
CITY-ST-ZIP <b>CLEARWATER FL</b>		4.4 CITY-ST-ZIP <b>CLEARWATER, FL 34624</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WAGNER, CURTIS</b>		5.2 NAME	
STREET ADDRESS <b>19029 US HWY. 19 N. 1-5</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>CLEARWATER FL 34624</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 receiver 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 address.

SIGNATURE: Curtis Wagner 4/30/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000000

CR2E037 (9/96)