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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 19029 US HWY 19 NORTH CLUBHOUSE OFFICE CLEARWATER FL 34624	Mailing Address 19029 US HWY 19 NORTH CLUBHOUSE OFFICE CLEARWATER FL 34624
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3. Date Incorporated or Qualified 04/14/1969	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-1382177		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

**SHAW, MARLENE S.
10829 US HWY 19 NORTH
CLUBHOUSE OFFICE
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	NAME	1.1 TITLE	1.2 NAME
VD	POYSER, ROBERT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
19029 US 19 N 1-7	CLEARWATER FL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		2.1 TITLE	2.2 NAME
PD	STACY, JAMES	Lorraine Cremona, PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
19029 US HWY. 19 N. 1-6	CLEARWATER FL	19029 US Hwy 19N #12	2.3 STREET ADDRESS
<input checked="" type="checkbox"/> DELETE		2.4 CITY-ST-ZIP	2.5 NAME
D	LANGE, HERMAN	Clearwater, FL	2.6 STREET ADDRESS
19029 US 19 N 1-22	CLEARWATER FL	3.1 TITLE	3.2 NAME
<input checked="" type="checkbox"/> DELETE		James Cremona, TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
19029 US 19 N 1-17	CLEARWATER FL	19029 US Hwy 19N #12	3.3 STREET ADDRESS
<input type="checkbox"/> DELETE		Clearwater, FL	3.4 CITY-ST-ZIP
SD	MCGUINNESS, ROBERTA	4.1 TITLE	4.2 NAME
19029 US 19 N 1-17	CLEARWATER FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		4.5 TITLE	4.6 NAME
TD	WAGNER, CURTIS	Ed Michelson, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
19029 US HWY. 19 N. 1-5	CLEARWATER FL 34624	19029 US Hwy 19N	5.1 TITLE
<input checked="" type="checkbox"/> DELETE		Clearwater, FL	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. 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 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: James Stacy Date: 1/28/98 536-6216

CR2E037 (10/97)