

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90153 011 ****61.25

DOCUMENT # 716358

1. Entity Name

IMPERIAL COVE CONDOMINIUM 1 ASSOCIATION, INC. ✓

Principal Place of Business

Mailing Address

19029 US HWY 19 NORTH
 CLUBHOUSE OFFICE
 CLEARWATER FL 33764

19029 US HWY 19 NORTH
 CLUBHOUSE OFFICE
 CLEARWATER FL 33764

975586



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1382177

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONDOMINIUM ASSOCIATION
 19029 US HIGHWAY 19 N
 CLUBHOUSE OFFICE
 CLEARWATER FL 33764**

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 _____

**After September 13, 2002,
 min. will be \$236.25.**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	POYSER, ROBERT	
STREET ADDRESS	19029 US 19 N 1-7	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WALDRON, CLAIRE	
STREET ADDRESS	19029 US 19 N #1-8	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WAGNER, CURT	
STREET ADDRESS	19029 US HWY 19N #1-5	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCGUINNESS, ROBERTA	
STREET ADDRESS	19029 US 19 N 1-17	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGUINNESS, JIM	
STREET ADDRESS	19029 US 19N #1-17	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TRAXLER, JOANNE	
STREET ADDRESS	19029 US 19TH N #1-16	
CITY-ST-ZIP	CLEARWATER FL 33764	

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Gruber	
STREET ADDRESS	19029 US HWY 19N. Bld 1 Unit 21	
CITY-ST-ZIP	Clearwater FL. 33764	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joan Gruber	
STREET ADDRESS	19029 US HWY 19N. Bld 1 Unit 21	
CITY-ST-ZIP	Clearwater FL. 33764	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (4/02)

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: Bill GRUBER 8/14/02 787-536-8250