

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2605 JUN 20 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04-05

DOCUMENT # 716358					
1. Entity Name IMPERIAL COVE CONDOMINIUM 1 ASSOCIATION, INC.					
Principal Place of Business 19029 US HWY 19 NORTH CLUBHOUSE OFFICE CLEARWATER, FL 33764			Mailing Address 19029 US HWY 19 NORTH CLUBHOUSE OFFICE CLEARWATER, FL 33764		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1382177	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONDOMINIUM ASSOCIATES 19029 US HIGHWAY 19 N CLUBHOUSE OFFICE CLEARWATER, FL 33764			7. Name and Address of New Registered Agent Name Imperial Cove Assoc. I - Uva, Carlos Street Address (P.O. Box Number is Not Acceptable) 19029 - US Hwy 19 N ClubHouse City CLEARWATER FL Zip Code 33764 <i>Property Manager</i>		
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		(NOTE: Registered Agent signature required when reinstating)		DATE 4/28/05	
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE SDTD	<input type="checkbox"/> Delete	TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME COLLEEN, SILIERI		NAME Colleen Silieri			
STREET ADDRESS 19029 US HWY 19N 1-18		STREET ADDRESS 19029 - US Hwy 19N 1-18			
CITY-ST-ZIP CLEARWATER, FL 33764		CITY-ST-ZIP CLEARWATER FL 33764			
TITLE D	<input type="checkbox"/> Delete	TITLE TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME MORASCO, NANITA		NAME Curtis Wagner			
STREET ADDRESS 19029 US 19N 1-7		STREET ADDRESS 19029 - US Hwy 19N 1-5			
CITY-ST-ZIP CLEARWATER, FL 33762		CITY-ST-ZIP CLEARWATER, FL 33764			
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME ROBERTA, MCGUINNESS		NAME James Stacy			
STREET ADDRESS 19029 US HWY 19N 1-17		STREET ADDRESS 19029 US Hwy 19N 1-6			
CITY-ST-ZIP CLEARWATER, FL 33764		CITY-ST-ZIP CLEARWATER FL 33764			
TITLE PD	<input checked="" type="checkbox"/> Delete	TITLE PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME ROBERT, MCGUINNESS		NAME Patty Rohan			
STREET ADDRESS 19029 US HWY 19N 1-17		STREET ADDRESS 19029 - US Hwy 19 1-19			
CITY-ST-ZIP CLEARWATER, FL 33764		CITY-ST-ZIP CLEARWATER - FL 33764			
TITLE DAL	<input checked="" type="checkbox"/> Delete	TITLE DAL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME JIM, MCGUINNESS		NAME JUANITA C. MORASCO			
STREET ADDRESS 19029 US HWY 19N 1-17		STREET ADDRESS 19029 - US Hwy 19N 1-7			
CITY-ST-ZIP CLEARWATER, FL 33764		CITY-ST-ZIP Clearwater, FL 33764			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
		400056602754 06/28/05--01019--006 **175.00			
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:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Patty Rohan		DATE 4/28/05	
				DAYTIME PHONE # 727 536 2474	