2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90209 013 ****61.25

400030

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
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

03262006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1382177
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARLUCCI, CLARA
19029 US HWY 19 N
CLUBHOUSE OFFICE
CLEARWATER, FL 33764

7. Name and Address of New Registered Agent

Name
Florida Community Property Management
Street Address (P.O. Box Number is Not Acceptable)
8141-54th Ave No
City
St Petersburg
FL
Zip Code
33709

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 Clara Carlucci Jr Florida Community Property Management
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COLLEEN, SILIERI	NAME	
STREET ADDRESS	19029 US HWY 19N 1-18	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33764	CITY-ST-ZIP	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WAGNER, CURTIS	NAME	
STREET ADDRESS	19029 US HWY 19N 1-5	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33764	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STACY, JAMES	NAME	
STREET ADDRESS	19029 US HWY 19N 1-6	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33764	CITY-ST-ZIP	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROHAN, PATTY	NAME	
STREET ADDRESS	19029 US HWY 19N 1-19	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33764	CITY-ST-ZIP	
TITLE	DAL ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MORASCO, JUANITA C	NAME	
STREET ADDRESS	19029 US HWY 19N 1-7	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33764	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Curtis A Wagner CURTIS A. WAGNER 3/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #