

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90117 023 ****61.25

DOCUMENT # 716358

1. Entity Name
IMPERIAL COVE CONDOMINIUM 1 ASSOCIATION, INC.



Principal Place of Business Mailing Address
19029 US HWY 19 NORTH **19029 US HWY 19 NORTH**
CLUBHOUSE OFFICE **CLUBHOUSE OFFICE**
CLEARWATER FL 33764 **CLEARWATER FL 33764**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1382177**

Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **CONDOMINIUM ASSOCIATES**

Street Address (P.O. Box Number is Not Acceptable)
(SAME AS ABOVE)

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 *By C.J. Caldwell, VICE PRESIDENT*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **3-18-03**

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	V GRUBER, BILL 19029 US HWY 19 N BLD 1 UNIT 21 CLEARWATER FL 33764	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRUBER, JOAN 19029 US HWY 19 N BLD 1 UNIT 21 CLEARWATER FL 33764	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WAGNER, CURT 19029 US HWY 19N #1-5 CLEARWATER FL 33764	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGUINNESS, ROBERTA 19029 US 19 N 1-17 CLEARWATER FL 33764	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGUINNESS, JIM 19029 US 19N #1-17 CLEARWATER FL 33764	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRAXLER, JOANNE 19029 US 19TH N #1-16 CLEARWATER FL 33764	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST# SD/TD Sivieri Colleen 19029 US HWY 19N 1-18 CLEARWATER FL 33764	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUANITA MORASCO DIRECTOR AT LARGE 19029 US 19N 1-7 CLEARWATER FL 33762	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT VICKI SIMMONS 19029 US HWY 19N, #1-22 CLEARWATER FL 33764	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRESIDENT Mc Guinness Roberta 19029 US HWY 19N 1-17 CLEARWATER FL 33764	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIRECTOR AT LARGE Mc Guinness Jim 19029 US HWY 19N 1-17 CLEARWATER FL 33764	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *VICKI SIMMONS* RE *Vicki Simmons* **3-13-02** **386-804-2467**

CR2E037 (10/02)