

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2006 90205 005 \*\*\*\*61.25

<b>DOCUMENT #717195</b> 1. Entity Name <b>IMPERIAL COVE CONDOMINIUM II ASSOCIATION, INC.</b>					
Principal Place of Business <b>19029 US HIGHWAY 19 NORTH CLUBHOUSE OFFICE CLEARWATER, FL 33764</b>			Mailing Address <b>19029 US HIGHWAY 19 NORTH CLUBHOUSE OFFICE CLEARWATER, FL 33764</b>		
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 <b>59-1382176</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>IMPERIAL COVE CONDO ASSOC II 19029 US HWY 19 NORTH CLEARWATER, FL 33764</b>				Name <b>Florida Community Property Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>8141-54th Ave No</b> City <b>St Petersburg</b>	
				FL Zip Code <b>33709</b>	
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 <i>Chris Pulucci for FCPM</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>4/1/06</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULCAHY, RICHARD		NAME		
STREET ADDRESS	19029 US 19 NORTH 2-26		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER, FL		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FALLIN, SANDY		NAME		
STREET ADDRESS	19029 US HWY 19 N, Z-6		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER, FL 33764		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, JACK		NAME		
STREET ADDRESS	19029 US 19 HWY NORTH 2-10		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER, FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARSHALL, MORRISON		NAME		
STREET ADDRESS	19029 US HWY 19N 2-8		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER, FL 33764		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULCANY, LOIS		NAME		
STREET ADDRESS	19029 US HWY 19 N 2-26		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER, FL 33764		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Sandy Fallin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>4/1/06</b>		
			Daytime Phone #		