2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #717195

IMPERIAL COVE CONDOMINIUM II ASSOCIATION, INC.



FILED Apr 02, 2007 8:00 am Secretary of State 04-02-2007 90076 001 ****61.25

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Principal Place of Business 19029 US HIGHWAY 19 NORTH CLUBHOUSE OFFICE CLEARWATER, FL 33764		Mailing Address 19029 US HIGHWAY 19 NORTH CLUBHOUSE OFFICE CLEARWATER, FL 33764		- 40046400 - HIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03082007 _{Cl}	hg-NP CF	R2E037 (12/06)		
City & State		City & State			4. FEI Number 59-138217	'6	→	plied For at Applicable
Zip	Country	Zip	Country		5. Certificate of St	atus Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Regist	tered Agent	
FLORIDA COMMUNITY PROPERTY MANAGEMENT			l Ni	Name				
8141 - 54TH AVE NO SAINT PETERSBURG, FL 33709			St	treet Address (P.O. Box Number is	Not Acceptable)		
			Ci	ity		*	FL Zip Code	e
O The above						No Oraco of Docide		
	named entity submits this statement fi ions of registered agent.	or the purpose of changing	its registered of	flice or register	eo agent, or both, in	the State of Florida.	am ramiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agen	t and little if applicable. (NOTE: Registered Ager	nt signature required	when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		check payable to Department of St	
10.	OFFICERS AND D	RECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS A	ND DIRECTORS IN	10
TITLE	P DICHARD	☐ Delete	TITLE	TD	Buci	- 1	☐ Change	Addition
NAME STREET ADDRESS	MULCAHY, RICHARD 19029 US 19 NORTH 2-26		NAME STREET AD		ry Buch 29 us Hi	nholz	2-14	
CITY-ST-ZIP	CLEARWATER, FL		CITY-ST-Z		arwater			
TITLE	Т	□ Delete	TITLE	D D		1 1 2 3 3	☐ Change	Addition
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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 Richard

	J/
SIGNATURE:	1 LL

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE OF DIRECTOR

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727-536-2474