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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **717597** (9)

1. Corporation Name

IMPERIAL COVE CONDOMINIUM III ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**18029 U.S. HIGHWAY 19 NORTH
CLUBHOUSE OFFICE
CLEARWATER FL 34624**

**18029 U.S. HIGHWAY 19 NORTH
CLUBHOUSE OFFICE
CLEARWATER FL 34624**

3. Date Incorporated or Qualified

11/21/1969

4. FEI Number

59-1382175

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHAW, MARLENE S.
18029 U.S. HIGHWAY 19 NORTH
CLUBHOUSE OFFICE
CLEARWATER FL 34624**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CASEY, CLETUS	
STREET ADDRESS	18029 US 19 NORTH, 3-13	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	JONES, VERLA	
STREET ADDRESS	18029 US HWY 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DAVIS, JOHN	
STREET ADDRESS	18029 US 19 NORTH, 3-9	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CASEY, CLETUS	
1.3 STREET ADDRESS	18029 US 19, NORTH, 3-13	
1.4 CITY-ST-ZIP	CLEARWATER, FL	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lorraine Howell	
2.3 STREET ADDRESS	18029 US 19 N, 8-17	
2.4 CITY-ST-ZIP	CLEARWATER, FL	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DAVIS, JOHN	
3.3 STREET ADDRESS	18029 US 19 NORTH, 3-9	
3.4 CITY-ST-ZIP	CLEARWATER, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0083310

1-28-98 360-1755

CR2E037 (10/97)