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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 # **742169** (6)

1. Corporation Name

IMPERIAL COVE CONDOMINIUM XIII ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**19029 US HIGHWAY 19 NORTH
CLUBHOUSE OFFICE
CLEARWATER FL 34624**

**19029 US HIGHWAY 19 NORTH
CLUBHOUSE OFFICE
CLEARWATER FL 34624**

3. Date Incorporated or Qualified

03/22/1978

4. FEI Number

59-1843081

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

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHAW, MARLENE S.
19029 US HWY 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 NAME STREET ADDRESS CITY-ST-ZIP

V
**MCKENNA, HAROLD R
19029 US HWY 19 N 31D
CLEARWATER FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S
**MONAHAN, MARY
19029 US 19 N 31E
CLEARWATER FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
**TITONE, TONY
19029 US 19 NORTH 34C
CLEARWATER FL**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P
**VONDERHOEF, FRED W
19029 US 19 NORTH 32E
CLEARWATER FL**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
**EICHEL, SYLVA
19029 US 19 N 27E
CLEARWATER FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
**ERICKSON, EVERETT
19029 US HWY 19 N 27-B
CLEARWATER FL**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

P McKenna, Harold R ☒ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

PD ☒ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

Ed Michaelson, D ☐ Change ☒ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

Jane Uner, D ☐ Change ☒ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

SD ☒ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

Daytime Phone # 0053316

CR2E037 (10/97)