

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

05 JUN 20 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 742169					
1. Entity Name IMPERIAL COVE CONDOMINIUM XIII ASSOCIATION, INC.					
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		
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 59-1843081				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONDOMINIUM ASSOCIATES 19029 US HWY 19 NORTH CLUBHOUSE OFFICE CLEARWATER, FL 34624			Name: <u>Imperial Cove Assoc XIII</u> Street Address (P.O. Box Number is Not Acceptable): <u>19029 US Hwy 19 N</u> <u>Clubhouse</u> City: <u>CLEARWATER</u> FL Zip Code: <u>33764</u>		
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: <u>[Signature]</u> DATE: <u>4/26/05</u> <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		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	PD MONAHAN, MARY 19029 US HWY 19 N, 31E CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERICKSON, EVERETT 19029 US HWY 19N 27B CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tres Sect. Ralph Monahan <u>Hepler</u> 19029 US Hwy 19 N CLEARWATER FL 33764 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLEWOOD, MAUREEN 19029 US HWY 19N 35F CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTTERLUND, RUTH 19029 US HWY 19 N 31D CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100056603281 06/28/05--01019--010 **175.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MICHELSON, ED 19029 US HWY 19 N, 33A CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D HOCHREIN, FRED 19029 US HWY 19 N, 32D CLEARWATER, FL 33764 <input type="checkbox"/> Delete	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: <u>Ed Michelson</u> <u>Ed Michelson</u> <u>4/26/05</u> <u>727-5362474</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					