

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 334308

**Entity Name:** IMPERIAL YACHT BASINS INC**Current Principal Place of Business:**205 S HOOVER BLVD  
SUITE 400  
TAMPA, FL 33609**Current Mailing Address:**205 S HOOVER BLVD  
SUITE 400  
TAMPA, FL 33609 US**FEI Number:** 59-1831568**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAMPTON, RONALD  
205 S HOOVER BLVD  
SUITE 400  
TAMPA, FL 33609 US*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.***SIGNATURE:** RONALD HAMPTON

01/13/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            THATCHER, CAROLYN  
Address        205 S HOOVER BLVD  
                 SUITE 400  
City-State-Zip: TAMPA FL 33609

Title            VP, DIRECTOR  
Name            CARTER, SHIRLEY A  
Address        205 S HOOVER BLVD  
                 SUITE 400  
City-State-Zip: TAMPA FL 33609

Title            D  
Name            FARMER, JAMES D  
Address        205 S HOOVER BLVD  
                 SUITE 400  
City-State-Zip: TAMPA FL 33609

Title            VP, DIRECTOR, SECRETARY  
Name            GRANELL, ALLISON  
Address        205 S HOOVER BLVD  
                 SUITE 400  
City-State-Zip: TAMPA FL 33609

Title            VP, DIRECTOR, TREASURER  
Name            ANGLIN, KIMBERLY  
Address        205 S HOOVER BLVD  
                 SUITE 400  
City-State-Zip: TAMPA FL 33609

Title            VP  
Name            HAMPTON, RONALD  
Address        205 S. HOOVER BLVD  
                 SUITE 400  
City-State-Zip: TAMPA FL 33609

Title            VP  
Name            THATCHER, JONATHAN  
Address        205 S HOOVER BLVD  
                 SUITE 400  
City-State-Zip: TAMPA FL 33609

Title            VP  
Name            THATCHER, GLENN  
Address        205 S HOOVER BLVD  
                 SUITE 400  
City-State-Zip: TAMPA FL 33609

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHIRLEY A CARTER

VP

01/13/2021

Electronic Signature of Signing Officer/Director Detail

Date