

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 334308

Entity Name: IMPERIAL YACHT BASINS INC**Current Principal Place of Business:**205 S. HOOVER ST.
400
TAMPA, FL 33609**Current Mailing Address:**205 S. HOOVER ST.
400
TAMPA, FL 33609**FEI Number: 59-1831568****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILSON, STYLES
205 S. HOOVER ST.
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title PRESIDENT, DIRECTOR
Name THATCHER, CAROLYN
Address 205 S HOOVER ST
City-State-Zip: TAMPA FL 33609Title VP, DIRECTOR
Name CARTER, SHIRLEY A
Address 205 S HOOVER ST
City-State-Zip: TAMPA, FL 33609Title D
Name FARMER, JD
Address 205 S HOOVER ST #400
City-State-Zip: TAMPA, FL 33609Title VP, DIRECTOR
Name THATCHER, ALLISON
Address 205 S. HOOVER ST.
400
City-State-Zip: TAMPA FL 33609Title VP, DIRECTOR, TREASURER
Name THATCHER, JONATHAN
Address 205 S. HOOVER ST.
400
City-State-Zip: TAMPA FL 33609Title VP, DIRECTOR, SECRETARY
Name ANGLIN, KIMBERLY
Address 205 S. HOOVER ST.
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 CARTER

VP

03/14/2016

Electronic Signature of Signing Officer/Director Detail_____
Date