

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90019 018 ****61.25

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DOCUMENT # 713462

1. Corporation Name

IMPERIAL PARK OWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 4576
CLEARWATER FL 33758
US

Mailing Address

P.O. BOX 4576
CLEARWATER FL 33758
US



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

10/13/1967

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2745934

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VEST, ROBERT, A
2065 ATTACHE COURT
CLEARWATER FL 33764

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **SCHANCK, DOUGLAS**
STREET ADDRESS **2024 DIPLOMAT DR**
CITY-ST-ZIP **CLEARWATER FL**

1.1 TITLE **AS PRESIDENT / DIRECTOR** ☒ Change ☐ Addition
1.2 NAME **JEFFREY DAY**
1.3 STREET ADDRESS **2077 ENVOY CT**
1.4 CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE **TD** ☐ DELETE
NAME **SINGSON, MARIA**
STREET ADDRESS **2053 DIPLOMAT DR**
CITY-ST-ZIP **CLEARWATER FL**

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

TITLE **VD** ☒ DELETE
NAME **ELLIOT HAWTHORN**
STREET ADDRESS **2027 DIPLOMAT DRIVE**
CITY-ST-ZIP **CLEARWATER FL**

3.1 TITLE **VICE PRESIDENT / DIRECTOR** ☒ Change ☐ Addition
3.2 NAME **DOUGLAS SCHANCK**
3.3 STREET ADDRESS **2024 DIPLOMAT DR.**
3.4 CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE **S** ☒ DELETE
NAME **MANGANO, DAVID**
STREET ADDRESS **2046 DIPLOMAT DRIVE**
CITY-ST-ZIP **CLEARWATER FL 33766**

4.1 TITLE **SECRETARY** ☒ Change ☐ Addition
4.2 NAME **RAYLEE MILNER**
4.3 STREET ADDRESS **1435 AMBASSADOR DR.**
4.4 CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: **MARIA SINGSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 FEB. 99 **(727) 524-6342**
Date Daytime Phone #

CR2E037 (11/98)