

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90225 033 ****61.25

DOCUMENT # 713462	
1. Entity 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
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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Zip	Country	Zip	Country
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00040007



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2745934	Applied For ☐ Not Applicable
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6. Name and Address of Current Registered Agent BRYAN, JOHN 1454 AMBASSADOR DRIVE CLEARWATER FL 33764	7. Name and Address of New Registered Agent Name ANDREW NALL Street Address (P.O. Box Number is Not Acceptable) 2050 DIPLOMAT DR. City CLEARWATER FL Zip Code 33764
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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 *Andrew D. Nall* **ANDREW D. NALL, TREASURER** DATE **4/19/05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLLINS, JOHN B 2049 CORONET LANE CLEARWATER FL 33764 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDERSON, DIANE 2030 DIPLOMAT DRIVE CLEARWATER FL 33764 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD CAROLYN, MCGINNIS 1436 AMBASSADOR CLEARWATER FL 33764 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO GRIMES, GARRETT 2063 ENVOY CT. CLEARWATER FL 33764 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NALL, ANDREW 2050 DIPLOMAT DR. CLEARWATER, FL. 33764 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO SCHAWCK, DOUGLAS 2024 DIPLOMAT DR. CLEARWATER, FL. 33764 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 *Andrew D. Nall* **ANDREW D. NALL, TREASURER** DATE **4/19/05** 727-446-8333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #