2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 713462

1. Entity Name
IMPERIAL PARK OWNERS ASSOCIATION, INC.

FILED
Mar 29, 2006 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
P.O. BOX 4576 CLEARWATER, FL 33758 US	P.O. BOX 4576 CLEARWATER, FL 33758 US

01122006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-2745934
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NALL, ANDREW
2050 DIPLOMAT DR
CLEARWATER, FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000483491
04/11/06-80123-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COLLINS, JOHN B
STREET ADDRESS	2049 CORONET LANE
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	TD
NAME	NALL, ANDREW
STREET ADDRESS	2050 DIPLOMAT DR
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	PD
NAME	CAROLYN, MCGINNIS
STREET ADDRESS	1436 AMBASSADOR
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	SD
NAME	GRIMES, GARRETT
STREET ADDRESS	2063 ENVOY CT.
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	VPD
NAME	SCHANCK, DOUGLAS
STREET ADDRESS	2024 DIPLOMAT DR
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/7/06 727-446-8333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #