

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT #714003

1. Entity Name  
IMPERIAL COURT CONDOMINIUM APARTMENTS III  
ASSOCIATION, INC.

Principal Place of Business  
11350 66TH ST N  
SUITE 124  
LARGO, FL 33773

Mailing Address  
11350 66TH ST N  
SUITE 124  
LARGO, FL 33773

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent  
HOLIDAY ISLES PROPERTY MANAGEMENT, INC.  
11350 66TH ST N  
SUITE 124  
LARGO, FL 33773

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip

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 the obligations of registered agent.

(NOTE: Registered Agent signature required when renewing)

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check  
Florida Department

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

10. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
BATER, MICHAEL  
1433 SOUTH BALCHER SUITE E-14  
CLEARWATER, FL 33764

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VPD  
TRINI, UHLMANN  
1433 SOUTH BALCHER RD SUITE E-20  
CLEARWATER, FL 33764

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STD  
MATZ, FRED  
1433 S BELCHER RD E14  
CLEARWATER, FL 33764

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TITLE  
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 11 of the Florida Statutes, and that the information is true and accurate and that my signature shall have the same legal effect as if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, had changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Bater



01042008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-1382390

5. Certificate of Status Desired ☐ \$8.75 Add Fee Required

7. Name and Address of New Registered Agent

FL

DATE

000000783/  
01/16/08-BUF