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
Jun 28, 1999 8:00 am
Secretary of State
06-28-1999 90003 018 ****61.25

DOCUMENT # **714095**

1. Corporation Name

IMPERIAL PARK APARTMENTS I, INC.

DEPARTMENT OF STATE

Principal Place of Business	Mailing Address
1301 S. HERCULES CLEARWATER FL 33764	P.O. BOX 15207 CLEARWATER FL 33766

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/14/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1385733 ☐ Applied For ☐ Not Applica
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additiona Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DILLON, MICHAEL H
3167 LANDMARK DRIVE
824
CLEARWATER FL 33761

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Add
NAME	CONLEY, JOHN		1.2 NAME	
STREET ADDRESS	1300 S. HECULES #7		1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33764		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Add
NAME	CORTRIGHT, DARBY		2.2 NAME	
STREET ADDRESS	1300 S. HERCULES #10		2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33764		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addi
NAME	COBLE, MYRA		3.2 NAME	
STREET ADDRESS	1300 S. HERCULES #3		3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33764		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addi
NAME	CALGANIS, ELEFTERIO		4.2 NAME	
STREET ADDRESS	1300 S. HERCULES 313		4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33764		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addi
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addi
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: John Conley SIGNATURE REQUIRED 6/20/99 7275368489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #