

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 714095

1. Entity Name
IMPERIAL PARK APARTMENTS I, INC.



Principal Place of Business

**1300 S. HERCULES AVE
CLEARWATER, FL 33764**

Mailing Address

**1300 S. HERCULES AVE
CLEARWATER, FL 33764**



01062004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1385733

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORTRIGHT, DARBY
1300 S. HERCULES AVE
CLEARWATER, FL 33764**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reappointing)

1/6/04
DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MINOTT, BOB
19029 US 19 N
CLEARWATER, FL 33764**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
JORDAN, RUBY
1300 S. HERCULES #2
CLEARWATER, FL 33764**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
CALGANIS, ELETERIO
1300 S. HERCULES #13
CLEARWATER, FL 33764**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
PICCOLO, JOSEPH
1300 S HERCULES AVE #1
CLEARWATER, FL 33764**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000003188
01/13/04-80045-017 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Robert Minott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-04 *727-530-5477*
Date Daytime Phone #