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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

IMPERIAL COURT CONDOMINIUM APARTMENTS V ASSOCIATION, INC.

FILED Feb 03 1998 8:00am Secretary of State

ION, II	VC.		. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**						
Principal Place of Business		Mailing Address					JUS W	OIES OI OI I I BOL		
1433 S. BELCHER ROAD CLEARWATER FL 34624 US		C/O HOLIDAY ISLES PROPERTY MNGT INC 7850 ULMERTON RD SUITE #2 LARGO FL 34641-4057				3. Date Incorporated or Qualified 07/08/1968	· · · · · · · · · · · · · · · · · · ·			
							4. FEI Number 59-1385595		Applied For Not Applicable	
	lace of Business	2a. Mailing Addr	ess				5. Certificate of Status Desired	\$8.75	Additional	
Suite, Apt.	# atc	26 Suite, Apt. #,	etc						Required	
22		27					6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
City & State		City & State					7. Is this nonprofit corporation a homeowners association?			
23 Zip	Country	28 Žip		ountry			Yes This corporation owes or has paid the corporation.	No No	ntannible	
24	25	29	30				Personal Property Tax due June 30.	Yes	No.	
	9. Name and Address of Curre	nt Registered Agent					10. Name and Address of New Registere	Agent		
	V 101 FA 2222777 LIGHT HV	-		81	Name					
HOLIDAY ISLES PROPERTY MGMT., INC. 7850 ULMERTON ROAD. SUITE #2				82 Street Addre			ss (P.O. Box Number is Not Acceptable)			
!	FL 34641			83				<u></u>		
}				84	City			85 Zip	Code	
11. Pursuant	to the provisions of Sections 617,050	02 and 617,1508, Florid	la Statutes, the	above	-named	corpo	ration submits this statement for the purpose	of changing	its registered	
office or r agent, I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Fiorida. Such chan jations of, Section 617.	ge was authori 0503, Florida 8	ized by Statutes	the corp	poratio	ration submits this statement for the purpose n's board of directors. I hereby accept the ar	pointment a	s registered	
SIGNATURE							· _ · · · ·			
12.	Signature, typed or printed name of registered ag	ID DIRECTORS		ered Age 3.	nt signatura	required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTO	DO IN 10	
TITLE	DV						ADDITIONS/CHANGES TO OFFICERS AT	Change		
NAME	ARICO, SAL	المام		1.1 TITLE 1.2 NAME				criaingo	radillon	
	1433 S BELCHER RD #G20			_	LODOFGO.					
STREET ADDRESS			1,3 STREET ADDRESS							
CITY-ST-ZIP	CLEARWATER FL			1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition	
TITLE !								LI Unange	☐ Addition	
NAME	MILLER, WARNER			2 NAME						
STREET ADDRESS	1433 S BELCHER RD #G9				ADDRESS					
CITY-ST-ZIP	CLEARWATER FL	i DE		4 CITY-S	T-ZIP			Chanca	Addision	
TITLE	PD			1 TITLE				Change	Addition	
NAME	CASH, LAWRENCE	_		2 NAME						
STREET ADDRESS	1433 S. BELCHER ROAD G-	5		3 STREET						
CITY-ST-ZIP	CLEARWATER FL			4. CITY - S	T-ZIP				1	
TITLE		☐ DE	LETE 4.	1 TITLE				L Change	Addition	
NAME			4.	2 NAME						
STREET ADDRESS			4.	3 STREET	ADDRESS					
CITY-ST-ZIP				4 CITY - S	r-zip					
TITLE		☐ DE	LETE 5.	1 TITLE				` Change	∐ Addition	
NAME				2 NAME]				
STREET ADDRESS			. 5.:	3 STREET	ADDRESS					
CITY-ST-ZIP				4 CMY-S	r- ZIP					
TITLE		☐ DE		1 TITLE				Change	☐ Addition	
NAME										
INVINC			6.	2 NAME						

SIGNATURE: