

2/4/

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90124 045 \*\*\*\*61.25

**DOCUMENT # 714896**

1. Entity Name

**IMPERIAL COURT CONDOMINIUM APARTMENTS V ASSOCIAT  
 ON, INC.**

Principal Place of Business

Mailing Address

1433 S. BELCHER ROAD  
 CLEARWATER FL 34624  
 (713)

C/O HOLIDAY ISLES PROPERTY MNGT., INC  
 7850 ULMERTON RD., SUITE #2  
 LARGO FL 34641-4057

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-1385595

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

HOLIDAY ISLES PROPERTY MGMT., INC.  
 7850 ULMERTON ROAD, SUITE #2  
 LARGO FL 34641

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DV	<input type="checkbox"/> Delete
NAME	ARICO, SAL	
STREET ADDRESS	1433 S BELCHER RD #G20	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, WARNER	
STREET ADDRESS	1433 S BELCHER RD #G9	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LASKA, JOYCE	
STREET ADDRESS	1433 S BELCHER RD G18	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEN SCHMIDT	
STREET ADDRESS	1433 S.BELCHER Rd.#G2	
CITY-ST-ZIP	CLEARWATER, FL. 33764	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

*SAL ARICO*  
 SAL ARICO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/2002

727-  
 530-4517

Daytime Phone #

CR2E037 (9/01)