

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 716358 (7)**  
1. Corporation Name  
**IMPERIAL COVE CONDOMINIUM 1 ASSOCIATION, INC.**



Principal Place of Business  
**19029 US HWY 19 NORTH  
CLUBHOUSE OFFICE  
CLEARWATER FL 34624**

Mailing Address  
**19029 US HWY 19 NORTH  
CLUBHOUSE OFFICE  
CLEARWATER FL 34624**

3. Date Incorporated or Qualified  
**04/14/1969**

3a. Date of Last Report  
**04/03/1995**

4. FEI Number  
**59-1382177**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21 [ ]  
Suite, Apt. #, etc.  
22 [ ]  
City & State  
23 [ ]  
Zip  
24 [ ]

2a. Mailing Address  
26 [ ]  
Suite, Apt. #, etc.  
27 [ ]  
City & State  
28 [ ]  
Zip  
29 [ ]

Country  
25 [ ]

Country  
30 [ ]

9. Name and Address of Current Registered Agent  
**SHAW, MARLENE S.  
10929 US HWY 19 NORTH  
CLUBHOUSE OFFICE  
CLEARWATER FL 34624**

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 registered 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, MARY	1.2 NAME	
STREET ADDRESS	19029 US HWY. 19 N. 1-26	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACY, JAMES	2.2 NAME	
STREET ADDRESS	19029 US HWY. 19 N. 1-6	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEHLER, JAMES	3.2 NAME	
STREET ADDRESS	19029 US HWY. 19 N. 1-11	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34624	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARD, MADGE	4.2 NAME	
STREET ADDRESS	19029 US 19 NORTH, 1-15	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, CURTIS	5.2 NAME	
STREET ADDRESS	19029 US HWY. 19 N. 1-5	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34624	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Curtis Wagner, Treas.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96  
DATE

DAYTIME PHONE #

CR2E037 (12/95)