

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 34624-3015
--	---

3. Date Incorporated or Qualified 04/14/1969	3a. Date of Last Report 04/03/1996
--	--

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country 24. Zip 25. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country 29. Zip 30. Country
---	--

4. FEI Number 59-1382177	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, MARY	1.2 NAME	POYSER, ROBERT
STREET ADDRESS	19029 US HWY. 19 N. 1-26	1.3 STREET ADDRESS	19029 US 19 N, 1-7
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	CLEARWATER, FL 34624
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 checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEHLER, JAMES	3.2 NAME	LANGE, HERMAN
STREET ADDRESS	19029 US HWY. 19 N. 1-11	3.3 STREET ADDRESS	19029 US 19 N, 1-22
CITY-ST-ZIP	CLEARWATER FL 34624	3.4 CITY-ST-ZIP	CLEARWATER, FL 34624
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARD, MADGE	4.2 NAME	MCGUINNESS, ROBERTA
STREET ADDRESS	19029 US 19 NORTH, 1-15	4.3 STREET ADDRESS	19029 US 19 N, 1-17
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	CLEARWATER, FL 34624
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 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.

SIGNATURE: Curtis Wagner **4/30/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0067660

CR2E037 (9/96)