

FILE NOW: FILING FEE IS \$61.25

FILED  
May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 716358 (7)**

1. Corporation Name  
**IMPERIAL COVE CONDOMINIUM 1 ASSOCIATION, INC.**



Principal Place of Business <b>19029 US HWY 19 NORTH CLUBHOUSE OFFICE CLEARWATER FL 34624</b>	Mailing Address <b>19029 US HWY 19 NORTH CLUBHOUSE OFFICE CLEARWATER FL 34624</b>
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3. Date Incorporated or Qualified <b>04/14/1969</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number <b>59-1382177</b>		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

**SHAW, MARLENE S.  
10829 US HWY 19 NORTH  
CLUBHOUSE OFFICE  
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	NAME	1.1 TITLE	1.2 NAME
VD	POYSER, ROBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
	19029 US 19 N 1-7 CLEARWATER FL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
PD	STACY, JAMES	<input checked="" type="checkbox"/> DELETED	
	19029 US HWY. 19 N. 1-6 CLEARWATER FL	2.1 TITLE	2.2 NAME
D	LANGE, HERMAN	<input checked="" type="checkbox"/> DELETED	
	19029 US 19 N 1-22 CLEARWATER FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
SD	MCGUINNESS, ROBERTA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
	19029 US 19 N 1-17 CLEARWATER FL	3.1 TITLE	3.2 NAME
TD	WAGNER, CURTIS	<input checked="" type="checkbox"/> DELETED	
	19029 US HWY. 19 N. 1-5 CLEARWATER FL 34624	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. 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 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: James Stacy Date: 1/28/98 536-6216

CR2E037 (10/97)