

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90021 029 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 716358**

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

|   |         |  |         |
|---|---------|--|---------|
| Principal Place of Business<br>19029 US HWY 19 NORTH<br>CLUBHOUSE OFFICE<br>CLEARWATER FL 34624 |         | Mailing Address<br>19029 US HWY 19 NORTH<br>CLUBHOUSE OFFICE<br>CLEARWATER FL 33764-3015 |         |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |         | 3. Mailing Address<br>Suite, Apt. #, etc.  |         |
| City & State  |         | City & State   |         |
| Zip   | Country | Zip  | Country |

4. FEI Number **59-1382177** Applied For  Not Applicable

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

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br>Condominium Associates<br>19029 US Highway 19 N.<br>Clubhouse Office<br>Clearwater, FL 34624 |  | 7. Name and Address of New Registered Agent<br>Name: Condominium Association /<br>Street Ac: 19029 US Highway 19 N.<br>Clubhouse Office<br>City: Clearwater, FL 34624<br>Zip Code: _____ |  |
|---|--|--|--|

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: *Condominium Associate* *ORANGE O. CHOWELL*  
*By Orange Caldwell* *VICE PRESIDENT* *1-10-00*

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

|                                    |   |  |
|------------------------------------|---|--|
| <b>FILE NOW:</b><br>FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Department of State</b> |
|------------------------------------|---|--|

| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |
|--|--|---|--|
| TITLE: <b>VD</b> <input type="checkbox"/> Delete<br>NAME: <b>POYSER, ROBERT</b><br>STREET ADDRESS: <b>19029 US 19 N 1-7</b><br>CITY-ST-ZIP: <b>CLEARWATER FL</b>         |  | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____            |  |
| TITLE: <b>PD</b> <input type="checkbox"/> Delete<br>NAME: <b>BEARD, MADGE</b><br>STREET ADDRESS: <b>19029 US HWY 19N #1-15</b><br>CITY-ST-ZIP: <b>CLEARWATER FL</b>      |  | TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____ |  |
| TITLE: <b>TD</b> <input type="checkbox"/> Delete<br>NAME: <b>WAGNER, CURT</b><br>STREET ADDRESS: <b>19029 US HWY 19N #1-5</b><br>CITY-ST-ZIP: <b>CLEARWATER FL 33764</b> |  | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____            |  |
| TITLE: <b>SD</b> <input type="checkbox"/> Delete<br>NAME: <b>MCGUINNESS, ROBERTA</b><br>STREET ADDRESS: <b>19029 US 19 N 1-17</b><br>CITY-ST-ZIP: <b>CLEARWATER FL</b>   |  | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____            |  |
| TITLE: <b>D</b> <input type="checkbox"/> Delete<br>NAME: <b>MCGUINNESS, JIM</b><br>STREET ADDRESS: <b>19029 US 19N #1-17</b><br>CITY-ST-ZIP: <b>CLEARWATER FL 33764</b>  |  | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____            |  |
| TITLE: <input type="checkbox"/> Delete<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____   |  | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME: _____<br>STREET ADDRESS: _____<br>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: *Signature Required* *3/13/00* *(727) 536-2474*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)