

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
97 JUN 20 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717640 (7)
1. Corporation Name
IMPERIAL COVE CONDOMINIUM VI ASSOCIATION, INC.



Principal Place of Business: **19029 US 19 NORTH CLUBHOUSE OFFICE CLEARWATER FL 34624 US**
Mailing Address: **19029 US 19 NORTH CLUBHOUSE OFFICE CLEARWATER FL 34624-3015 US**

3. Date Incorporated or Qualified: **12/01/1969** 3a. Date of Last Report: **04/03/1996**
4. FEI Number: **59-1596090** Applied For: Not Applicable
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** Country: **25**
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**SHAW, MARLENE S.
19029 US HIGHWAY 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	
TITLE: PD	<input checked="" type="checkbox"/> DELETE
NAME: EDGEWORTH, DOROTHA	
STREET ADDRESS: 19029 US HWY 19 N 6-22	
CITY-ST-ZIP: CLEARWATER FL	
TITLE: TD	<input checked="" type="checkbox"/> DELETE
NAME: FORAN, GALE	
STREET ADDRESS: 19029 US HWY 19 N 6-7	
CITY-ST-ZIP: CLEARWATER FL	
TITLE: S	<input type="checkbox"/> DELETE
NAME: CIOLLI, BARBARA	
STREET ADDRESS: 19029 US 19 NORTH 6-10	
CITY-ST-ZIP: CLEARWATER FL	
TITLE: VP	<input checked="" type="checkbox"/> DELETE
NAME: DALEY, JAMES	
STREET ADDRESS: 19029 US HWY 19 NORTH, 6-21	
CITY-ST-ZIP: CLEARWATER FL	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: KEY, GEORGE	
STREET ADDRESS: 19029 US HWY 19 NORTH, 6-12	
CITY-ST-ZIP: CLEARWATER FL	
TITLE: _____	<input type="checkbox"/> DELETE
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: DALEY, JIM	
1.3 STREET ADDRESS: 19029 US 19 N, 6-21	
1.4 CITY-ST-ZIP: CLEARWATER, FL 34624	
2.1 TITLE: TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: SHELLY, ANN	
2.3 STREET ADDRESS: 19029 US 19 N, 6-5	
2.4 CITY-ST-ZIP: CLEARWATER, FL 34624	
3.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: _____	
3.3 STREET ADDRESS: 300002221123--6	
3.4 CITY-ST-ZIP: -06/24/97--01033--020	
4.1 TITLE: VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: KEY, GEORGE	
4.3 STREET ADDRESS: 19029 US 19 N, 6-12	
4.4 CITY-ST-ZIP: CLEARWATER, FL 34624	
5.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: KOLONICS, LOU	
5.3 STREET ADDRESS: 19029 US 19 N, 6-11	
5.4 CITY-ST-ZIP: CLEARWATER, FL 34624	
6.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME: _____	
6.3 STREET ADDRESS: _____	
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.

CR2E037 (9/96)