


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 US
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3. Date Incorporated or Qualified 12/01/1969		
4. FEI Number 59-1596090	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 85 Zip Code
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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 PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DALEY, JIM		1.2 NAME	
STREET ADDRESS 19029 US HWY 19 N., 6-21		1.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL 34624		1.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHELLY, ANN		2.2 NAME	
STREET ADDRESS 19029 US HWY 19 N., 6-5		2.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL 34624		2.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CIOLLI, BARBOARA		3.2 NAME	
STREET ADDRESS 19029 US 19 NORTH 6-10		3.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		3.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KEY, GEORGE		4.2 NAME	
STREET ADDRESS 19029 US HWY 19 NORTH, 6-12		4.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL 34624		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KOLONICS, LOU		5.2 NAME	
STREET ADDRESS 19029 US HWY 19 NORTH, 6-11		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 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: _____

CFR2037 (10/97)