


FILE NOW: FILING FEE IS \$61.25

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Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90104 008 ****61.25

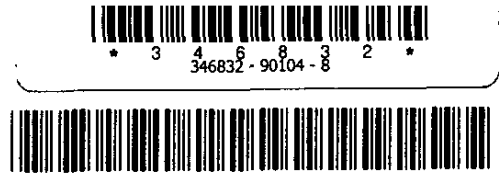
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717640

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/01/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1596090
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

SHAW, MARLENE S. 19029 US HIGHWAY 19 NORTH CLUBHOUSE OFFICE CLEARWATER FL 34624	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALEY, JIM	1.2 NAME	Tony Skrobacz
STREET ADDRESS	19029 US HWY 19 N., 6-21	1.3 STREET ADDRESS	19029 US 19 N # 6-1
CITY-ST-ZIP	CLEARWATER FL 34624	1.4 CITY-ST-ZIP	Clearwater, FL 33764
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, BARBARA	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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-12-99 727-536-2474
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2F037- (1-1/99)