

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

04-21-2000 90021 034 \*\*\*\*61.25

**DOCUMENT # 717640**

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

Principal Place of Business      Mailing Address

19029 US 19 NORTH      19029 US 19 NORTH  
 CLUBHOUSE OFFICE      CLUBHOUSE OFFICE  
 CLEARWATER FL 34624      CLEARWATER FL 33764-3015  
 US      US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**59-1596090**      Not Applicable

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

6. Name and Address of Current Registered Agent

Condominium Associates  
 19029 US Highway 19 N.  
 Clubhouse Office  
 Clearwater, FL 34624

7. Name and Address of New Registered Agent

Name      Condominium Association  
 Street Ad      19029 US Highway 19 N.  
 Clubhouse Office  
 City      Clearwater, FL 34624      ip Code



DO NOT WRITE IN THIS SPACE

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.

*Condominium Associates*      *CECILE D. CALDWELL*

SIGNATURE *By Craig W. 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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD SKROBACZ, TONY 19029 US 19N #6-1 CLEARWATER FL 33764	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD SHELLY, ANN 19029 US HWY 19 N., 6-5 CLEARWATER FL 34624	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S CIOLLI, BARBARA 19029 US 19 NORTH 6-10 CLEARWATER FL	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP KEY, GEORGE 19029 US HWY 19 NORTH, 6-12 CLEARWATER FL 34624	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D KOLONICS, LOU 19029 US HWY 19 NORTH, 6-11 CLEARWATER FL 34624	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** *Craig W. Caldwell*      **IMMEDIATE SIGNATURE REQUIRED**      (727) 536-2474

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

CR2E037 (9/99)