

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90142 032 ****61.25

DOCUMENT # 717640

1. Entity Name

IMPERIAL COVE CONDOMINIUM VI ASSOCIATION, INC.

Principal Place of Business

Mailing Address

19029 US 19 NORTH
 CLUBHOUSE OFFICE
 CLEARWATER FL 34624
 US

19029 US 19 NORTH
 CLUBHOUSE OFFICE
 CLEARWATER FL 34624
 US

140000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1596090

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

33764

33764

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SHAW, MARLENE G. CONDOMINIUM ASSOCIATES~~
 19029 US HIGHWAY 19 NORTH
 CLUBHOUSE OFFICE
 CLEARWATER FL 34624

Name **Condominium Association**
 Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33764

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Condominium Associates
 By *Craig J. Caldwell, Vice President*

4-11-01

**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** Delete
 NAME **SKROBACZ, TONY**
 STREET ADDRESS **19029 US 19N #8-1**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **D** Change Addition
 NAME **Fran Cloutier**
 STREET ADDRESS **19029 US 19N #6-13**
 CITY-ST-ZIP **Clearwater FL. 33764**

TITLE **TD** Delete
 NAME **SHELLY, ANN**
 STREET ADDRESS **19029 US HWY 19 N., 6-5**
 CITY-ST-ZIP **CLEARWATER FL 34624**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **33764**

TITLE Delete
 NAME **CIOLLI, BARBARA**
 STREET ADDRESS **19029 US 19 NORTH 6-10**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE Change Addition
 NAME **S Michael Smith**
 STREET ADDRESS **19029 US 19 North #6-15**
 CITY-ST-ZIP **Clearwater FL. 33764**

TITLE **VP** Delete
 NAME **KEY, GEORGE**
 STREET ADDRESS **19029 US HWY 19 NORTH, 6-12**
 CITY-ST-ZIP **CLEARWATER FL 34624**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **33764**

TITLE **D** Delete
 NAME **KOLONICS, LOU**
 STREET ADDRESS **19029 US HWY 19 NORTH, 6-11**
 CITY-ST-ZIP **CLEARWATER FL 34624**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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

Tony Skrobacz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01
 Date

787-534-6286
 Daytime Phone #

CR2E037 (10/00)