


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90209 010 \*\*\*\*61.25

**DOCUMENT # 717640**

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




Principal Place of Business  
**19029 US 19 NORTH CLUBHOUSE OFFICE CLEARWATER, FL 33764 US**

Mailing Address  
**19029 US 19 NORTH CLUBHOUSE OFFICE CLEARWATER, FL 33764 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



03262006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-1596090** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CARLUCCI, CARLA**  
**19029 US HWY 19N CLUBHOUSE OFFICE CLEARWATER, FL 33764**

7. Name and Address of New Registered Agent  
 Name  
*Florida Community Property Management*  
 Street Address (P.O. Box Number is Not Acceptable)  
*8141-54<sup>th</sup> Ave No*  
 City  
*St Petersburg* 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carla Carlucci* *Florida Community Property Management*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2006**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIOS, MANUEL		NAME		
STREET ADDRESS	19029 US HWY 19 N 6-6		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELLY, ANN		NAME		
STREET ADDRESS	19029 US HWY 19 N., 6-5		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRECO, ALFRED		NAME		
STREET ADDRESS	19029 US HWY 19 N, 6-9		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWTON, JOHN		NAME		
STREET ADDRESS	19029 US HWY 19 N, 6-11		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOUTIER, FRAN		NAME		
STREET ADDRESS	19029 US 19 N #6-13		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANUEL RIOS		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 exemptions contained in Chapter 119, 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: *Manuel Rios* *Manuel Rios* 3/28/06  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #