


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90033 015 ****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
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40060262

DO NOT WRITE IN THIS SPACE



03182008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1596090	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FLORIDA COMM. PROPERTY MANAGEMENT 8141 54TH AVE NO ST. PETERSBURG, FL 33764	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIOS, MANUEL 19029 US HWY 19 N 6-6 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHELLY, ANN 19029 US HWY 19 N. 6-5 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIETZ, CELESTE 19029 US HWY 19N 6-3 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEWTON, JOHN 19029 US HWY 19 N, 6-11 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLOUTIER, FRAN 19029 US 19 N #6-13 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Francis Cloutier* 4-1-08

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