

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90075 015 ****61.25

DOCUMENT # 718161

1. Entity Name

IMPERIAL PARK CONDOMINIUM, INC.



Principal Place of Business

251 WINDWARD PASSAGE
SUITE F
CLEARWATER FL 33767
US

Mailing Address

251 WINDWARD PASSAGE
SUITE F
CLEARWATER FL 33767
US

50021285



1st MOORE

CR2E037 (10/04)

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

59-1382277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JIM NABLES MANAGEMENT, INC.
251 WINDWARD PASSAGE, SUITE F
CLEARWATER FL 33767

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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
Due By May 1, 2005

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

TITLE: VD
NAME: ENTWISTLE, MARY
STREET ADDRESS: 1303 SOUTH HERCULES #34
CITY-ST-ZIP: CLEARWATER FL 33764 ☐ Delete

TITLE: PD
NAME: DAVIS, MOLLY
STREET ADDRESS: 1303 SOUTH HERCULES #14
CITY-ST-ZIP: CLEARWATER FL 33764 ☐ Delete

TITLE: D
NAME: POWER, PATRICE
STREET ADDRESS: 1303 SOUTH HERCULES AVENUE #8
CITY-ST-ZIP: CLEARWATER BEACH FL 33767 ☒ Delete

TITLE: D
NAME: DAVIS, MATT
STREET ADDRESS: 1303 S. HERCULES #15
CITY-ST-ZIP: CLEARWATER FL 33764 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #