

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90089 018 ****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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

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

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, 2007**

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD ☒ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE: SD ☐ Change ☒ Addition
NAME: MICHAEL HARKWORTH
STREET ADDRESS: 1303 S. HERCULES AVE #12B
CITY ST ZIP: CLEARWATER, FL 33767

TITLE: VPTD ☒ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

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

TITLE: ☐ Change ☐ Addition
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 exemptions contained in Section 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:

Matthew R. Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/07

Date

441-1454

Daytime Phone #