

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718161

FILED
Feb 27, 2009
Secretary of State

Entity Name: IMPERIAL PARK CONDOMINIUM, INC.

Current Principal Place of Business:

251 WINDWARD PASSAGE
SUITE F
CLEARWATER, FL 33767 US

New Principal Place of Business:

Current Mailing Address:

251 WINDWARD PASSAGE
SUITE F
CLEARWATER, FL 33767 US

New Mailing Address:

FEI Number: 59-1382277 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: SHERON O. NICHOLS

02/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ENTWISTLE, MARY
Address: 1303 SOUTH HERCULES #34
City-St-Zip: CLEARWATER, FL 33764

Title: TD () Delete
Name: HACKWORTH, MICHAEL
Address: 1303 S. HERCULES AVE. 1213
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: VPTD () Delete
Name: DAVIS, MATT
Address: 1303 S. HERCULES #15
City-St-Zip: CLEARWATER, FL 33764

Title: SD (X) Delete
Name: VALENTINE, ELLIOT H
Address: 1303 S. HERCULES #31
City-St-Zip: CLEARWATER BEACH, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: DAVIS, MATTHEW
Address: 1303 SOUTH HERCULES #15
City-St-Zip: CLEARWATER, FL 33764 US

Title: TD (X) Change () Addition
Name: FELSL, MARY
Address: 1303 S. HERCULES AVE. #17
City-St-Zip: CLEARWATER, FL 33764 US

Title: D (X) Change () Addition
Name: GAGNE, KATHY
Address: 1303 S. HERCULES #6
City-St-Zip: CLEARWATER, FL 33764 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW DAVIS

PSD

02/27/2009

Electronic Signature of Signing Officer or Director

Date