

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2006 90205 020 ****61.25

DOCUMENT #731577 1. Entity Name IMPERIAL COVE CONDOMINIUM IX ASSOCIATION, INC.			
Principal Place of Business 4174 WOODLANDS PKWY PALM HARBOR, FL 34685 US		Mailing Address 4174 WOODLANDS PKWY PALM HARBOR, FL 34685 US	
2. Principal Place of Business 19029- US Hwy 19 N Suite, Apt. #, etc.		3. Mailing Address 19029 US Hwy 19 N Suite, Apt. #, etc.	
City & State Clearwater FL		City & State Clearwater FL	
Zip 33764		Zip 33764	
Country Pinellas		Country Pinellas	
4. FEI Number 90-0038877		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FIRST CHOICE ASSOCIATION MANAGEMENT 4174 WOODLANDS PKWY PALM HARBOR, FL 34685		7. Name and Address of New Registered Agent Name Florida Community Property Management Street Address (P.O. Box Number is Not Acceptable) 8141-54 Ave No City St Petersburg FL Zip Code 33709	
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 <i>Chas Carucci for Florida Community Property Management</i> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE 3/28/06			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 checked="" type="checkbox"/> Delete NAME MARTIN, JOYCE STREET ADDRESS 19029 UNITES STATES HIGHWAY 19 N B9-410 CITY-ST-ZIP CLEARWATER, FL 33764	TITLE TO <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME KLAUS BRUECKNER STREET ADDRESS 19029- US Hwy 19 N 9-702 CITY-ST-ZIP Clearwater, FL 33764		
TITLE PD <input type="checkbox"/> Delete NAME HOFFMAN, CHERYL STREET ADDRESS 19029 UNITES STATES HIGHWAY 19 N B9-308 CITY-ST-ZIP CLEARWATER, FL 33764	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 		
TITLE D <input checked="" type="checkbox"/> Delete NAME ZIAN, BEN STREET ADDRESS 19029 US HWY 19N B9-509 CITY-ST-ZIP CLEARWATER, FL 33764	TITLE James Martell VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME 19029- US Hwy 19N STREET ADDRESS Clearwater FL 33764 CITY-ST-ZIP 33764		
TITLE D <input type="checkbox"/> Delete NAME GRILLO, PETE STREET ADDRESS 19029 UNITES STATES HIGHWAY 19 N B9-504 CITY-ST-ZIP CLEARWATER, FL 33764	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 		
TITLE SD <input type="checkbox"/> Delete NAME MARRA, PETER STREET ADDRESS 19029 US 19N 9-406 CITY-ST-ZIP CLEARWATER, FL 33764	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP 	TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>Klaus Brueckner</i> Klaus Brueckner 28-March-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			