


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90076 031 \*\*\*\*61.25

<b>DOCUMENT # 731577</b> 1. Entity Name <b>IMPERIAL COVE CONDOMINIUM IX ASSOCIATION, INC.</b>					
Principal Place of Business <b>19029 US HWY 19N CLEARWATER, FL 33764 US</b>			Mailing Address <b>19029 US HWY 19N CLEARWATER, FL 33764 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		03082007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number <b>90-0038877</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FLORIDA COMM. PROPERTY MANAGEMENT 8141 54TH AVE NO SAINT PETERSBURG, FL 33709</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
				<div style="text-align: right;"><b>FL</b></div> <div style="text-align: right;">Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOFFMAN, CHERYL <input checked="" type="checkbox"/> Delete 19029 UNITES STATES HIGHWAY 19 N B9-308 CLEARWATER, FL 33764		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Joel Franklin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19029 US Hwy 19 N 9-207 Clearwater, FL 33764	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRILLO, PETE <input checked="" type="checkbox"/> Delete 19029 UNITES STATES HIGHWAY 19 N B9-504 CLEARWATER, FL 33764		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Charles Coulbourn <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19029 US Hwy 19 N 9-204 Clearwater, FL 33764	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARRA, PETER <input checked="" type="checkbox"/> Delete 19029 US 19N 9-406 CLEARWATER, FL 33764		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Peter Marra <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19029 US Hwy 19 N 9-4106 Clearwater, FL 33764	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRUECKNER, KLAUS <input checked="" type="checkbox"/> Delete 19029 US HWY 19N B9-702 CLEARWATER, FL 33764		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Pauline McCarthy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19029 US Hwy 19 N 9-201 Clearwater, FL 33764	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Sandra Darneil <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19029 US Hwy 19 N 9-601 Clearwater, FL 33764	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Joel Franklin</i> <b>Joel Franklin</b> <i>3.15.2007</i> <i>727.441.7489</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					