

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90046 006 ****61.25

DOCUMENT # 739507

1. Entity Name
IMPERIAL COVE CONDOMINIUM XI ASSOCIATION, INC.



Principal Place of Business
**19029 US 19 NORTH
CLUBHOUSE OFFICE
CLEARWATER, FL 33764 US**

Mailing Address
**19029 US 19 NORTH
CLUBHOUSE OFFICE
CLEARWATER, FL 33764 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

03182008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1824737

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

**FLORIDA COMM. PRO. MANAGEMENT
8141- 54TH AVE NO
SAINT PETERSBURG, FL 33709**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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 --

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME SALM, PETER
STREET ADDRESS 19029 US HWY 19 N, 18F
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE PD ☒ Change ☐ Addition
NAME Terry Myers
STREET ADDRESS 19029 US 19 N 20-E
CITY-ST-ZIP Clearwater FL 33764

TITLE VD ☒ Delete
NAME MYERS, TERRY
STREET ADDRESS 19029 US HWY 19 N, 20E
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE VD ☐ Change ☒ Addition
NAME Mary Holwick
STREET ADDRESS 19029 US 19 N 19-B
CITY-ST-ZIP Clearwater FL 33764

TITLE TD ☒ Delete
NAME BROWN, ROBERT
STREET ADDRESS 19029 US HWY 19N 16-A
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE SD ☐ Change ☒ Addition
NAME Ladelle Daly
STREET ADDRESS 19029 US 19 N 16-E
CITY-ST-ZIP Clearwater FL 33764

TITLE SD ☒ Delete
NAME SALM, JOANN
STREET ADDRESS 19029 HWY 19N 18-F
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE TD ☒ Change ☐ Addition
NAME Peter Salm
STREET ADDRESS 19029 US 19 N 18-F
CITY-ST-ZIP Clearwater FL 33764

TITLE DD ☐ Delete
NAME HILL, JERRY
STREET ADDRESS 19029 US 19 NORTH 15-E
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE D ☒ Change ☐ Addition
NAME Bob Brown
STREET ADDRESS 19029 US 19 N 16-A
CITY-ST-ZIP Clearwater FL 33764

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Eileen Corcoran
STREET ADDRESS 19029 US 19 N 15-B
CITY-ST-ZIP Clearwater FL 33764

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/08 727 536-2474