


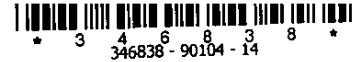
FILE NOW: FILING FEE IS \$61.25

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Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90104 014 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harrits Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 742169					
1. Corporation Name IMPERIAL COVE CONDOMINIUM XIII ASSOCIATION, INC.					
Principal Place of Business 19029 US HIGHWAY 19 NORTH CLUBHOUSE OFFICE CLEARWATER FL 34624			Mailing Address 19029 US HIGHWAY 19 NORTH CLUBHOUSE OFFICE CLEARWATER FL 34624		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/22/1978 4. FEI Number 59-1843081 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SHAW, MARLENE S. 19029 US HWY 19 NORTH CLUBHOUSE OFFICE CLEARWATER FL 34624				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P <input checked="" type="checkbox"/> DELETE NAME MCKENNA, HAROLD R STREET ADDRESS 19029 US HWY 19 N 31D CITY-ST-ZIP CLEARWATER FL			1.1 TITLE TD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Bud Morrill 1.3 STREET ADDRESS 19029 US 19 N #32-B 1.4 CITY-ST-ZIP Clearwater, FL 33764		
TITLE PD <input type="checkbox"/> DELETE NAME MONAHAN, MARY STREET ADDRESS 19029 US 19 N 31E CITY-ST-ZIP CLEARWATER FL			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME MCMAELSAN, ED STREET ADDRESS 19029 US 19 NORTH 33A CITY-ST-ZIP CLEARWATER FL			3.1 TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME UNER, JANE STREET ADDRESS 19029 US 19 NORTH 32E CITY-ST-ZIP CLEARWATER FL			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE SD <input checked="" type="checkbox"/> DELETE NAME EICHEL, SYLVA STREET ADDRESS 19029 US 19 N 27E CITY-ST-ZIP CLEARWATER FL			5.1 TITLE SD <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME Jane Angelo 5.3 STREET ADDRESS 19029 US 19 No #27-C 5.4 CITY-ST-ZIP Clearwater, FL 33764		
TITLE D <input type="checkbox"/> DELETE NAME ERICKSON, EVERETT STREET ADDRESS 19029 US HWY 19 N 27-B CITY-ST-ZIP CLEARWATER FL			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Monahan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99
Date

536-4903
Daytime Phone #

CR29037-111081