

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742169

1. Entity Name

IMPERIAL COVE CONDOMINIUM XIII ASSOCIATION, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90021 041 \*\*\*\*61.25

Principal Place of Business

Mailing Address

19029 US HIGHWAY 19 NORTH  
CLUBHOUSE OFFICE  
CLEARWATER FL 34624

19029 US HIGHWAY 19 NORTH  
CLUBHOUSE OFFICE  
CLEARWATER FL 33764-3015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1843081

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

Condominium Associates  
19029 US Highway 19 N.  
Clubhouse Office  
Clearwater, FL 34624

Name

Condominium Association 13

Street Ad

19029 US Highway 19 N.

City

Clubhouse Office

Clearwater, FL 34624

ip 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.

SIGNATURE

*Condominium Associates*  
*By Craig O. Caldwell*

*CRIG O. CALDWELL*

*VICE PRESIDENT*

*1-10-00*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Delete  
NAME **MORRILL, BUD**  
STREET ADDRESS **19029 US 19N #32-B**  
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **TD** ☒ Change ☐ Addition  
NAME **FRED HOGARTH**  
STREET ADDRESS **19029 US 19N**  
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **PD** ☐ Delete  
NAME **MONAHAN, MARY**  
STREET ADDRESS **19029 US 19 N 31E**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **MCMAELSAN, ED**  
STREET ADDRESS **19029 US 19 NORTH 33A**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **UNER, JANE**  
STREET ADDRESS **19029 US 19 NORTH 32E**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☒ Delete  
NAME **ANGELO, JANE**  
STREET ADDRESS **19029 US 19N # 27-C**  
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **SD** ☒ Change ☐ Addition  
NAME **MURPHY, LILLOWOOD**  
STREET ADDRESS **19029 US Hwy 19N**  
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **D** ☐ Delete  
NAME **ERICKSON, EVERETT**  
STREET ADDRESS **19029 US HWY 19 N 27-B**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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

*3/9/2000*

Date

*(727) 536-2474*

Daytime Phone #

CR2E037 (9/99)