2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #742169

IMPERIAL COVE CONDOMINIUM XIII ASSOCIATION, INC.



Principal Place of Business 19029 US HIGHWAY 19 NORTH Mailing Address

19029 US HIGHWAY 19 NORTH

CLUBHOUSE CLEARWATER		1	CLUBHOUSE OFFICE CLEARWATER, FL 33764				· · · · · · · · · · · · · · · · · ·							
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address								41-4-14			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				0318200	3 Ch	ig-NP		CR2E	037 (12/06)		
City & State			City & State					4. FEI Nun 59-18	nber 84308	1				oplied For ot Applicable
Zip Country				Zip Country				5. Certificate of Status Desired See Required Fee Required						
-	6. Name	and Address of Current	Registere	d Agent				7. Name a	nd Addı	ress of	New Re	gistere	d Agent	
FLORIDA COMMUNITY PROPERTY MANAGEMENT 8141-#54TH AVE N						Name Street Address (P.O. Box Number is Not Acceptable)								
SAINT PE	TERSBUF	RG, FL 33709												
						City	Dity					۰F	L Zip Coo	е
	named entit ions of regist	y submits this statement fo tered agent.	or the purpo	ose of changing its	registere	ed office o	r register	ed agent, or	both, in t	the Sta	te of Flor	ida. La	m familiar with,	and accept
				,1										
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if appl	licable. (NOTE	: Registered	d Agent signal	ture 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 DIF	RECTORS		11.		,	ADDITIONS/O	HANGE	S TO C	OFFICER	S AND I	DIRECTORS IN	l 10
TITLE														
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NAME Street Address	H Ø CHRE 19029 US	HWY 19 N 32-D		☐ Delete	NAMI STRE	E Et adoress	Can 1902	ole Hoo 9 US	hee 19 N	1 3				Addition
NAME	H © CHRE 19029 US CLEARW			☐ Delete	NAMI STRE	Ε	Can 1902	ols Hoo	hee 19 N	1 3				Addition
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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 of russ lee 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: _

535-305

Daytime Phone #

Apr 07, 2008 8:00 am Secretary of State

04-07-2008 90043 001 ****61.25
