

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90195 011 \*\*\*\*61.25

**DOCUMENT # N09352**

1. Entity Name  
IMPERIAL CHRISTINA COVE CONDOMINIUM OWNERS  
ASSOCIATION, INC.



Principal Place of Business  
6700 S. FLORIDA AVENUE., SUITE 24  
STE 7  
LAKELAND, FL 33813

Mailing Address  
POB 91922  
LAKELAND, FL 33804-1922

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

04202007 Chg-NP CR2E037 (12/06)

4. FEI Number  
NOT APPLICABLE

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

DAVIS, RICHARD B  
6700 S FLORIDA AVE STE 7  
LAKELAND, FL 33813

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, 2007**

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 D ☐ Delete  
NAME COMPTON, LINDA  
STREET ADDRESS 6700 S. FLORIDA AVENUE., SUITE 35  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE S ☐ Delete  
NAME HARRIS, SUZANNE  
STREET ADDRESS 6700 S. FLORIDA AVENUE., SUITE 31  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE T ☐ Delete  
NAME SCHULTZ, KEN  
STREET ADDRESS 6700 S FLA AVE # 18  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE P ☐ Delete  
NAME DAVIS, RICK  
STREET ADDRESS 6700 S. FLORIDA AVENUE., SUITE 7  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07

Date

863-619-6222

Daytime Phone #