

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 708047 (6)**  
1. Corporation Name  
**IMPERIAL MANOR CONDOMINIUM INCORPORATED**



Principal Place of Business: **1015 INGRAHAM AVENUE DELRAY BEACH FL 33483**  
Mailing Address: **1015 INGRAHAM AVENUE DELRAY BEACH FL 33483**

3. Date Incorporated or Qualified: **11/03/1964**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-1641058**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **27**  
Zip: **24** Country: **25** Zip: **29** Country: **30**

**9. Name and Address of Current Registered Agent**

**CULP, GEORGE  
1015 INGRAHAM AVE  
DELRAY BEACH FL 33483**

**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EVANS, JAY</b>	1.2 NAME	<i>Houglas Schooley</i>
STREET ADDRESS	<b>1015 INGRAHAM AVE.</b>	1.3 STREET ADDRESS	<i>1015 Ingraham Ave</i>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	1.4 CITY-ST-ZIP	<i>DeLray Beach Fl 33483</i>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIGMUND, MARY JANE</b>	2.2 NAME	
STREET ADDRESS	<b>1015 INGRAHAM AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REISIG, ELIZABETH</b>	3.2 NAME	
STREET ADDRESS	<b>1015 INGRAHAM AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMYTHE, DAPHNE</b>	4.2 NAME	
STREET ADDRESS	<b>1015 INGRAHAM AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCKEE, JAMES</b>	5.2 NAME	
STREET ADDRESS	<b>1015 INGRAHAM AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRIMBERG JACK</b>	6.2 NAME	
STREET ADDRESS	<b>1015 INGRAHAM AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BCH FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Elizabeth Reisi* **2-18-96 407-226-8427**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)