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NONPROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

**FILED** 

May 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 708047

1. Corporation Name

(6)

## IMPERIAL MANOR CONDOMINIUM INCORPORATED

Principal Place	Mailing A	Mailing Address			}			
1015 INGRAHAN DELRAY BEACH			1015 INGRAHAM AVENUE DELRAY BEACH FL 33483-8814					
						3. Date incorporated or Qualified 11/03/1964	3a. Date of Last 02/27/19	Report 996
-7 '	lace of Business	} <sub>3</sub>	g Address			4. FEI Number 59-1641058	<del>  -</del>	Applied For
Suite, Apt. :	# ata	[26]	And # 242			59-1041036	·	Not Applicable
Suite, Apr. i	#, tro.	27 Suite,	Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State	8	City &	State			6. Election Campaign Financing		May Be
3		28				Trust Fund Contribution		o may be I to Fees
Zip	Country	Zip		Count	ry	8. This corporation has liability for i	ntangible tax under	s. 199.032,
4	25	29		30		Florida Statutes	Yes No	
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of C	urrent Registered A	lgent		al	10. Name and Address of New Re	pistered Agent	
				8	1 Name			
CULP,GEORGE 1015 INGRAHAM AVE DELRAY BEACH FL 33483					2 Street Add	ss (P.O. Box Number is Not Acceptable)		
				8:	3			<del></del>
				8	4 City		FL 85 Zip	Code
11. Pursuant t	to the provisions of Sections 61	7.0502 and 617.1508	B. Florida Statu	ites, the abo	ve-named co	rporation submits this statement for the p	urnose of changing	its registere
office or re	egistered agent, or both, in the minimum with and accept the	State of Florida, Suc	h change was	authorized to	by the corpora	ation's board of directors. I hereby accep	ot the appointment a	s registered
	mindiana mindiana accopt the	Congations of Occit	211 O 17 .0303, T	ionoa olaluli	DQ.			
	Signature, typed or printed name of register	red agent and little if applicat	ble (NC	TE: Registered A	gent signature requ	ulred when reinstating)	DATE	
		red agent and little if applicat S AND DIRECTORS	ble (NC	TE: Registered A	gent signature requ	ulred when reinstating)  ADDITIONS/CHANGES TO OFFICE		DRS IN 12
12.			DELETE					
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BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR