


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90311 036 ****61.25

DOCUMENT # 708047			
1. Entity Name IMPERIAL MANOR CONDOMINIUM INCORPORATED			
Principal Place of Business 1015 INGRAHAM AVENUE, #7 APT 8 DELRAY BEACH, FL 33483		Mailing Address 1015 INGRAHAM AVENUE, #7 APT 8 DELRAY BEACH, FL 33483	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. APT. 8		Suite, Apt. #, etc. APT. 8	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SORRENTINO, THELMA 1015 INGRAHAM AVE. #12 DELRAY BEACH, FL 33483		Name BURKE, TRICIA Street Address (P.O. Box Number is Not Acceptable) 1015 INGRAHAM AVE. #8 City DELRAY BEACH FL Zip Code 33483	
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: <i>Tricia Burke</i>		DATE: 4/4/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	FD EDWARD <input checked="" type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROONEY, MARY ANN	NAME	BURKE, TRICIA
STREET ADDRESS	1015 INGRAHAM AVE.	STREET ADDRESS	1015 INGRAHAM AVE.
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	GD <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIF, MELISSA	NAME	REIF, MELISSA
STREET ADDRESS	1015 INGRAHAM AVE.	STREET ADDRESS	1015 INGRAHAM AVE.
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	D <input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YORK, BRIAN	NAME	ROONEY, EDWARD
STREET ADDRESS	1015 INGRAHAM AVE	STREET ADDRESS	1015 INGRAHAM AVE.
CITY-ST-ZIP	DELRAY BEACH, FL	CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	FD <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORRENTINO, THELMA	NAME	SORRENTINO, THELMA
STREET ADDRESS	1015 INGRAHAM AVE.	STREET ADDRESS	1015 INGRAHAM AVE.
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	FD <input type="checkbox"/> Delete	TITLE	
NAME	BURKE, TRISHA	NAME	
STREET ADDRESS	1015 INGRAHAM AVENUE	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Tricia Burke* DATE: **4/4/05**