
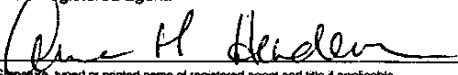



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90190 002 \*\*\*\*61.25

<b>DOCUMENT # 708047</b>						
1. Entity Name <b>IMPERIAL MANOR CONDOMINIUM INCORPORATED</b>						
Principal Place of Business <b>1015 INGRAHAM AVENUE APT #9 DELRAY BEACH, FL 33483</b>		Mailing Address <b>1015 INGRAHAM AVENUE APT #9 DELRAY BEACH, FL 33483</b>				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number <b>59-1641058</b>		
				Applied For Not Applicable		
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
<b>BURKE, TRICIA 1015 INGRAHAM AVE. #8 DELRAY BEACH, FL 33483</b>			Name <b>ANNE HENDERSON</b>			
			Street Address (P.O. Box Number is Not Acceptable) <b>1015 INGRAHAM AVE. #9</b>			
			City <b>DELRAY BEACH</b>		FL	Zip Code <b>33483</b>
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 		4/20/06		DATE		
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2006</b>		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BURKE, TRICIA		NAME	ANNE HENDERSON		
STREET ADDRESS	<del>1015 INGRAHAM AVE.</del>		STREET ADDRESS	1015 INGRAHAM AVE #9		
CITY-ST-ZIP	<del>DELRAY BEACH, FL 33483</del>		CITY-ST-ZIP	DELRAY BEACH, FL 33483		
TITLE	EB	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REIF, MELISSA		NAME			
STREET ADDRESS	1015 INGRAHAM AVE.		STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	YORK, BRIAN		NAME	TEENA OSGOOD		
STREET ADDRESS	1015 INGRAHAM AVE		STREET ADDRESS	1015 INGRAHAM AVE. #4		
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP	DELRAY BEACH, FL 33483		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODNEY, EDWARD		NAME	RODNEY, EDWARD		
STREET ADDRESS	1015 INGRAHAM AVE		STREET ADDRESS	SAME ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SORRENTINO, THELMA		NAME	LUIS TORRES		
STREET ADDRESS	<del>1015 INGRAHAM AVENUE</del>		STREET ADDRESS	1015 INGRAHAM AVE. #11		
CITY-ST-ZIP	<del>DELRAY BEACH, FL 33483</del>		CITY-ST-ZIP	DELRAY BEACH, FL 33483		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: 		EDWARD S. RODNEY, JR., PRESIDENT		4/25/06 617-342-6863		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #		