

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708047

FILED  
Feb 28, 2010  
Secretary of State

**Entity Name:** IMPERIAL MANOR CONDOMINIUM INCORPORATED

**Current Principal Place of Business:**

1015 INGRAHAM AVENUE  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

1015 INGRAHAM AVENUE  
APT 12  
DELRAY BEACH, FL 33483

**New Mailing Address:**

**FEI Number:** 59-1641058      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SORRENTINO, THELMA  
1015 INGRAHAM AVE.  
APT 12  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: SORRENTINO, THELMA  
Address: 1015 INGRAHAM AVE., #12  
City-St-Zip: DELRAY BEACH, FL 33483

Title: PD  
Name: BURKE, EILEEN  
Address: 146 GLEASON ST.  
City-St-Zip: DELRAY BEACH, FL 33483

Title: TD  
Name: BERNET, ANNA MARIA  
Address: 1015 INGRAHAM AVE. # 4.  
City-St-Zip: DELRAY BEACH, FL 33483

Title: VPD  
Name: PEART, ANN MARGO  
Address: 1015 INGRAHAM AVE. #6  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D  
Name: TORRES, LUIS  
Address: 916 NE 8TH AVE.  
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THELMA SORRENTINO

SD

02/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date