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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **714821** (6)

1. Corporation Name

IMPERIAL TOWERS CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

**1825 S. OCEAN DRIVE
HALLANDALE FL 33009**

**1825 S. OCEAN DRIVE
HALLANDALE FL 33009**

3. Date Incorporated or Qualified

06/24/1968

4. FEI Number

59-1269958

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DONATO, CONNIE
1825 S OCEAN DRIVE
HALLANDALE FL 33009**

81 Name

PATRICIA MEZZANO

82 Street Address (P.O. Box Number is Not Acceptable)

1825 S. Ocean Drive

83

Hallandale, Fl. 33009

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **ST** ☐ DELETE

NAME **GIOIA, BERNICE**
STREET ADDRESS **1817 S OCEAN DE**
CITY-ST-ZIP **HALLANDALE FL**

TITLE **D** ☐ DELETE

NAME **SHUTLMAN, SYLVIA**
STREET ADDRESS **1817 S OCEAN DR**
CITY-ST-ZIP **HALLANDALE FL**

TITLE **PD** ☐ DELETE

NAME **BAZERGH, JOE**
STREET ADDRESS **1817 S OCEAN DR 318**
CITY-ST-ZIP **HALLANDALE FL**

TITLE **DV** ☒ DELETE

NAME **DONATO, CONNIE**
STREET ADDRESS **1825 S OCEAN DR**
CITY-ST-ZIP **HALLANDALE FL**

TITLE **D** ☒ DELETE

NAME **RICHMOND, EDNA**
STREET ADDRESS **1817 S OCEAN DR**
CITY-ST-ZIP **HALLANDALE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **DV**
4.3 STREET ADDRESS **MEZZANO, PATRICIA**
4.4 CITY-ST-ZIP **1825 S.Ocean Dr. - #209**
Hallandale, Fl. 33009

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **D**
5.3 STREET ADDRESS **YAROSH, VLADIMIR**
5.4 CITY-ST-ZIP **1817 S.Ocean Dr. - #228**
Hallandale, Fl. 33009

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **D**
6.3 STREET ADDRESS **LIPMAN, LEONA**
6.4 CITY-ST-ZIP **1817 So. Ocean Dr. - # 717**
Hallandale, Fl. 33009

14. 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-98

954-454-8822

CR2E037 (10/97)