

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995 5-1-95



FLORIDA DEPARTMENT OF STATE
Victoria B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY - 1 AM 11: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717157 (2)
1. Corporation Name
IMPERIAL POINT GARDENS CONDOMINIUM, INC.

Principal Place of Business Mailing Address
2250 NE 56TH PLACE 2250 NE 56TH PLACE
FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/15/1969 3a. Date of Last Report 02/16/1994
4. FEI Number 59-1359998 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 601(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent
ELSTON, LLOYD
2230 NE 56TH PL APT 207
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD
NAME CLARK, WILLIAM D.
STREET ADDRESS 5700 N.E. 22ND WAY
CITY-ST-ZIP FT LAUDERDALE, FL 00000
TITLE SD
NAME BLACKBURN, EDNA R.
STREET ADDRESS 2230 N.E. 56TH PLACE
CITY-ST-ZIP FT LAUDERDALE, FL 00000
TITLE TD
NAME REILLY, ELEANOR
STREET ADDRESS 5840 N.E. 22ND WAY
CITY-ST-ZIP FT LAUDERDALE, FL 00000
TITLE VP
NAME ELSTON, LLOYD
STREET ADDRESS 2230 NE 56TH PLACE
CITY-ST-ZIP FT. LAUDERDALE FL
TITLE D
NAME ANDERSON, ADELINE
STREET ADDRESS 5700 NE 22ND WAY
CITY-ST-ZIP FT LAUDERDALE FL
TITLE D
NAME CHRISTOPHER, YVONNE
STREET ADDRESS 2230 NE 56TH PLAE
CITY-ST-ZIP FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE SD Change Addition
2.2 NAME KETTERMAN, JAMES
2.3 STREET ADDRESS 5900NE 22WAY APT 305
2.4 CITY-ST-ZIP FT LAUDERDALE, FL 33308
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
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE D ANDERSON, SUZANNE Change Addition
5.2 NAME ~~SUZANNE ANDERSON~~
5.3 STREET ADDRESS 5700NE 22WAY APT 310
5.4 CITY-ST-ZIP FT LAUDERDALE, FL 33308
6.1 TITLE D Change Addition
6.2 NAME CHAMPAGNE, THERESA
6.3 STREET ADDRESS 5820NE 22WAY APT 610
6.4 CITY-ST-ZIP FT LAUDERDALE, FL 33308

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: William D. Clark 4/27/95 (305) 772-8765
WILLIAM D. CLARK, PRESIDENT (Date) (Type in Phone #)