

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

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



Principal Place of Business  
**2250 NE 56TH PLACE  
FORT LAUDERDALE FL 33308**

Mailing Address  
**2250 NE 56TH PLACE  
FORT LAUDERDALE FL 33308  
US**

3. Date Incorporated or Qualified **09/15/1969**      3a. Date of Last Report **05/01/1995**

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip      Country  
**24**      **25**      **29**      **30**

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip      Country

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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 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 re-registered) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>CLARK, WILLIAM D. 5700 N.E. 22ND WAY FT LAUDERDALE, FL 00000</b>	<input checked="" type="checkbox"/> DELETE	
TITLE <b>SD</b>	<b>KETTERMAN, JAMES 5900 N.E. 22 WAY, APT. 805 FT. LAUDERDALE FL</b>	<input type="checkbox"/> DELETE	
TITLE <b>TD</b>	<b>REILLY, ELEANOR 5840 N.E. 22ND WAY FT LAUDERDALE, FL 00000</b>	<input type="checkbox"/> DELETE	
TITLE <b>VP</b>	<b>ELSTON, LLOYD 2230 NE 56TH PLACE FT. LAUDERDALE FL</b>	<input checked="" type="checkbox"/> DELETE	
TITLE <b>D</b>	<b>ANDERSON, SUZANNE 5700 N.E. 22 WAY APT. 310 FT. LAUDERDALE FL</b>	<input checked="" type="checkbox"/> DELETE	
TITLE <b>D</b>	<b>CHAMPAGNE, THERESA 5820 N.E. 22 WAY, APT. 610 FT. LAUD. FL</b>	<input checked="" type="checkbox"/> DELETE	

1.1 TITLE <b>VD</b>	1.2 NAME <b>Clark, William D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS <b>5700 NE 22nd Way</b>	1.4 CITY-ST-ZIP <b>Ft. Lauderdale, Fl. 33308</b>	
2.1 TITLE <b>D</b>	2.2 NAME <b>Bucho, Carlos</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.3 STREET ADDRESS <b>5840 NE 22Way</b>	2.4 CITY-ST-ZIP <b>Ft. Lauderdale, Fl. 33308</b>	
3.1 TITLE <b>PD</b>	3.2 NAME <b>Webber, Ralph</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.3 STREET ADDRESS <b>5840 NE 22Way</b>	3.4 CITY-ST-ZIP <b>Ft. Lauderdale, Fl. 33308</b>	
4.1 TITLE <b>D</b>	4.2 NAME <b>Vicat, Catherine</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.3 STREET ADDRESS <b>5720 NE 22Way</b>	4.4 CITY-ST-ZIP <b>Ft. Lauderdale, Fl. 33308</b>	
5.1 TITLE <b>D</b>	5.2 NAME <b>Paul, Richard</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.3 STREET ADDRESS <b>2230 NE 56 Place</b>	5.4 CITY-ST-ZIP <b>Ft. Lauderdale, Fl. 33308</b>	
6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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: William D. Clark William D. Clark      MARCH 11, 1996      (954) 772-8765  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (12/95)