

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

2a. Mailing Address

4. FEI Number
59-1359998

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

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

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELSTON, LLOYD
2230 NE 56TH PL APT 207
FT LAUDERDALE FL 33308**

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 rechartered)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, WILLIAM D.	
STREET ADDRESS	5700 N.E. 22ND WAY	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KETTERMAN, JAMES	
STREET ADDRESS	5900 N.E. 22 WAY, APT. 805	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	REILLY, ELEANOR	
STREET ADDRESS	5840 N.E. 22ND WAY	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ELSTON, LLOYD	
STREET ADDRESS	2230 NE 56TH PLACE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, SUZANNE	
STREET ADDRESS	5700 N.E. 22 WAY APT. 310	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHAMPAGNE, THERESA	
STREET ADDRESS	5820 N.E. 22 WAY, APT. 610	
CITY-ST-ZIP	FT. LAUD. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: MARCH 11, 1996 (954) 772-8765

DATE

DAYTIME PHONE #

CR2E037 (12/95)