

FILE NOW: FILING FEE IS \$61.25

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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33308-2605 US
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3. Date Incorporated or Qualified 09/15/1969	3a. Date of Last Report 03/18/1996
4. FEI Number 59-1359998	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Country	28 Zip Country
24	29
25	30

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

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CLARK, WILLIAMS D	
STREET ADDRESS	5700 N.E. 22ND WAY	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000 33308	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KETTERMAN, JAMES	
STREET ADDRESS	5900 N.E. 22 WAY, APT. 805	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	REILLY, ELEANOR	
STREET ADDRESS	5840 N.E. 22ND WAY	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000 33308	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BUCHO, CARLOS	
STREET ADDRESS	5840 NE 22 WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WEBBER, RALPH	
STREET ADDRESS	5840 NE 22 WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VICAT, CATHERINE	
STREET ADDRESS	5720 NE 22 WAY	
CITY-ST-ZIP	FT. LAUD. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DOYLE, ALLEN	
1.3 STREET ADDRESS	5720 NE 22 WAY APT 427	
1.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SUBLETTE, EARLINE	
2.3 STREET ADDRESS	5900 NE 22WAY APT 876	
2.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CARACIN, DAVID	
3.3 STREET ADDRESS	5800 NE 22 WAY APT 524	
3.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: **WILLIAM D. CLARK, PRESIDENT** DATE: **APRIL 15, 1997 (954) 772-8765**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **WILLIAM D. CLARK, PRESIDENT** Daytime Phone # **0034392**

CR2E037 (9/96)