

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

Mailing Address

**2250 NE 56TH PLACE  
FORT LAUDERDALE FL 33308**

**2250 NE 56TH PLACE  
FORT LAUDERDALE FL 33308-2605  
US**



3. Date Incorporated or Qualified  
**09/15/1969**

3a. Date of Last Report  
**03/18/1996**

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

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DOYLE, ALLEN</b>	
1.3 STREET ADDRESS	<b>5720 NE 22 WAY APT 427</b>	
1.4 CITY-ST-ZIP	<b>FT LAUDERDALE, FL 33308</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>SUBLETTE, ELEANOR</b>	
2.3 STREET ADDRESS	<b>5900 NE 22 WAY APT 805</b>	
2.4 CITY-ST-ZIP	<b>FT LAUDERDALE, FL 33308</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>CARRASIN, DAVID</b>	
3.3 STREET ADDRESS	<b>5800 NE 22 WAY APT 524</b>	
3.4 CITY-ST-ZIP	<b>FT LAUDERDALE, FL 33308</b>	
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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**WILLIAM D. CLARK, PRESIDENT**

**APRIL 15, 1997 (954) 772-8765**  
Date Daytime Phone # 0034392

CR2E037 (9/96)