

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</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 <b>2250 NE 56TH PLACE FORT LAUDERDALE FL 33308</b>	Mailing Address <b>2250 NE 56TH PLACE FORT LAUDERDALE FL 33308 US</b>
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3. Date Incorporated or Qualified

**09/15/1969**

4. FEI Number

**59-1359998**

Applied For

Not Applicable

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

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ 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

**KETTERMAN, JAMES D.**

82 Street Address (P.O. Box Number is Not Acceptable)

**5900 NE 22ND WAY APT 805**

83

**FT LAUDERDALE FL 33308**

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

**JAMES D. KETTERMAN, PRESIDENT**

**FEBRUARY 27, 1998**

Signature type, or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **CLARK, WILLIAMS D**  
STREET ADDRESS **5700 N.E. 22ND WAY**  
CITY-ST-ZIP **FT LAUDERDALE, FL 00000**

TITLE **SD** ☐ DELETE

NAME **KETTERMAN, JAMES**  
STREET ADDRESS **5900 N.E. 22 WAY, APT. 805**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **TD** ☐ DELETE

NAME **REILLY, ELEANOR**  
STREET ADDRESS **5840 N.E. 22ND WAY**  
CITY-ST-ZIP **FT LAUDERDALE, FL 00000**

TITLE **VD** ☐ DELETE

NAME **BUCHO, CARLOS**  
STREET ADDRESS **5840 NE 22 WAY**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☐ DELETE

NAME **DOYLE, ALLEN**  
STREET ADDRESS **5720 NE 22 WAY, APT 427**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☒ DELETE

NAME **SUBLETTE, EARLINE**  
STREET ADDRESS **5900 NE 22 WAY, APT 828**  
CITY-ST-ZIP **FT LAUDERDALE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **KETTERMAN, JAMES D**  
1.3 STREET ADDRESS **5900 NE 22ND WAY APT 805**  
1.4 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

2.1 TITLE **SD** ☐ Change ☒ Addition

2.2 NAME **FABIANO, JEANNE**  
2.3 STREET ADDRESS **2230 NE 56TH PLACE APT 207**  
2.4 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

3.1 TITLE **TD** ☐ Change ☒ Addition

3.2 NAME **LOZITO, TARA**  
3.3 STREET ADDRESS **5900 NE 22ND WAY APT 828**  
3.4 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

4.1 TITLE **VD** ☒ Change ☐ Addition

4.2 NAME **DOYLE, ALLEN**  
4.3 STREET ADDRESS **5720 NE 22ND WAY APT 427**  
4.4 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

5.1 TITLE **D** ☒ Change ☐ Addition

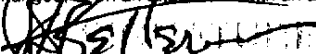
5.2 NAME **BUCHO, CARLOS**  
5.3 STREET ADDRESS **5840 NE 22ND WAY APT 728**  
5.4 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

6.1 TITLE **D** ☒ Change ☐ Addition

6.2 NAME **REILLY, ELEANOR**  
6.3 STREET ADDRESS **5840 NE 22ND WAY APT 708**  
6.4 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

14. I 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:



**JAMES D. KETTERMAN PRES**

**954/493-9461**

CR2E037 (10/97)