

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90071 037 \*\*\*\*61.25

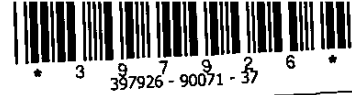
NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #** 1717157<sup>OK</sup>  
 1. Corporation Name  
 IMPERIAL POINT GARDENS CONDOMINIUM

Principal Place of Business Mailing Address  
 2250 N E 56TH PLACE same  
 FT LAUDERDALE FL 33308



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	9-15-69	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-1359998	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/>	
25	Country	30	Country	<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
James Ketterman 5900 N E 22nd Way #805 Fort Lauderdale, FL 33308				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PO	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KETTERMAN, JAMES			1.2 NAME	Kranacher, Barbara		
STREET ADDRESS	5900 N E 22nd Way #805			1.3 STREET ADDRESS	2230 N E 56th Pl #209		
CITY-ST-ZIP	Fort Lauderdale, FL 33308			1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE			
NAME	Doyle, Allen			2.2 NAME			
STREET ADDRESS	5720 N E 22nd Way #427			2.3 STREET ADDRESS			
CITY-ST-ZIP	Fort Lauderdale, FL 33308			2.4 CITY-ST-ZIP			
TITLE	S-T-D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Fabiano, Jeanne			3.2 NAME			
STREET ADDRESS	2230 N E 56th Place #207			3.3 STREET ADDRESS			
CITY-ST-ZIP	Fort Lauderdale, FL 33308			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Bucho, Carlos			4.2 NAME			
STREET ADDRESS	5840 N E 22nd Way #728			4.3 STREET ADDRESS			
CITY-ST-ZIP	Fort Lauderdale, FL 33308			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Noe, Charles			5.2 NAME			
STREET ADDRESS	2230 N E 56th Pl #227			5.3 STREET ADDRESS			
CITY-ST-ZIP	Fort Lauderdale, FL 33308			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Ferraro, William			6.2 NAME			
STREET ADDRESS	2230 N. E 56th Pl #221			6.3 STREET ADDRESS			
CITY-ST-ZIP	Fort Lauderdale, FL 33308			6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: *Jeanne Fabiano*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JEANNE FABIANO**

4-14-99(954) 776-0780  
 Date Daytime Phone #

CR2E037 (11/98)