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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **722925** **(5)**

1. Corporation Name

IMPERIAL VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2700 PONCE DE LEON BLVD. DELRAY BCH FL 33447-2609	2700 PONCE DE LEON BLVD. DELRAY BCH FL 33447-2609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1972
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-1562392 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

BECKER, POLIAKOFF & STEITFELD
6520 N ANDREWS AVE
FT LAUDERDALE, FL
33310

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY, ST, ZIP	P ERNEST DERANGO 2829 CROWN CT DELRAY BCH., FL. 33445	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY, ST, ZIP	D ☐ Change ☒ Addition JOSEPH LAZAR 2815 CROWN CT DELRAY BCH FL 33445
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY, ST, ZIP	VP FRANCES DEPASQUALE 2826 CROWN CT DELRAY BCH. FL 33445	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY, ST, ZIP	D ☐ Change ☒ Addition CARSON, RICHARD 2800 REGENCY CT. DELRAY BCH., FL 33445
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY, ST, ZIP	ST MOSHER, EILEN I 2724 PONCE DELEON BLVD. DELRAY BCH, FL 33445	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY, ST, ZIP	☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY, ST, ZIP	D ADDITION CLARK, POWANDA 2817 DUKE LANE DELRAY BCH, FL. 33446	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY, ST, ZIP	☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY, ST, ZIP	D SCOZA, JOSEPH 2762 PONCE DELEON BLVD. DELRAY BCH, FL 00000	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY, ST, ZIP	☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY, ST, ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY, ST, ZIP	☐ Change ☐ Addition

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)(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: Frances DePasquale (401) 276-3580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FRANCES DEPASQUALE

0010023