

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified **03/17/1972** 3a. Date of Last Report **05/01/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. *Same as above* 26. *Same as above*
22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.
23. City & State 28. City & State
24. Zip 25. Country 29. Zip 30. Country

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 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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	DERANGO, ERNEST
STREET ADDRESS	2828 CROWN CT
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	DEPASQUALE, FRANCES
STREET ADDRESS	2828 CROWN CT
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	MOSHER, ELLEN I. <i>same O.K.</i>
STREET ADDRESS	2724 PONCE DELEON BLVD
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	POWANDA, CAROL
STREET ADDRESS	2817 DUKE LANE
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SCOZA, JOSEPH <i>same O.K.</i>
STREET ADDRESS	2762 PONCE DELEON BLVD.
CITY - ST - ZIP	DELRAY BCH, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	LAZAR, JOSEPH <i>same O.K.</i>
STREET ADDRESS	2815 CROWN CT
CITY - ST - ZIP	DELRAY BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CARSON K, RICHARD
1.3 STREET ADDRESS	2800 REGENCY ET.
1.4 CITY - ST - ZIP	DELRAY BCH, FL. 33445
2.1 TITLE	VP. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	POWANDA, CAROL
2.3 STREET ADDRESS	2817 DUKE LANE
2.4 CITY - ST - ZIP	DELRAY BCH, FL. 33445
3.1 TITLE	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DEPASQUALE, FRANCES
3.3 STREET ADDRESS	2826 CROWN CT.
3.4 CITY - ST - ZIP	DELRAY BCH, FL. 33445
4.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DIOTTOIA, BENJAMIN
4.3 STREET ADDRESS	PONCE DELEON BLVD.
4.4 CITY - ST - ZIP	DELRAY BCH, FL. 33445
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* DATE: **5/1/96** TELEPHONE: **272-9816**

CR2E037 (12/95)