FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

722925

(5)

IMPERIAL	VILLAS	CONDOMINIUM	ASSOCIATION	INC
71 THE LEGISLAND	AILLUO		ASSOCIATION.	III

Principal Place of Business Mailing Address			I IBBON INDONE TABLE TABLE TORIGE TIBES TORIGE STATE BURIN					
2700 PONCE DE LEON BLVD.		2700 PONCE DE LEON BLVD.						
DELRAY BCI	H FL 33447-2609	DELRAY BCH FL 33447-2	1609					
					3. Date Incorporated or Qualified 03/17/1972	3a. Date of Last Report 05/01/1995		
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For		
21 Sa	ne ac alexae	26 Same	as above		59-1562392	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	58.75 Additional		
22	<u>, , , , , , , , , , , , , , , , , , , </u>	27			5. Certificate of Status Desired	Fee Required		
F		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for i			
24	25	29	30] Yes □ No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	egistered Agent		
			81	Name				
BECKER	r, poliakoff & steitfeld		82	Street A	duress (P.O. Box Number is Not Acceptab	la)		
6520 N ANDREWS AVE			"	OG CGI P	Coross y .o. box rollner is not noteptab	···		
	DERDALE, FL		83					
33310			84	0.4				
			84	City		85 Zip Code		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	, the above-r	amed cor	poration submits this statement for the pur	pose of changing its registered office		
l oi registe	red agent, or both, in the State of Floric ith, and accept the obligations of, Secti	ia. Such change was authorized	by the corp	oration's t	poard of directors. I hereby accept the appo	intment as registered agent. I am		
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Registered Agen	t signature rec	gured which redistating	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12		
TITLE	P	DELETE	1.1 TITLE		P	Change Addition		
NAME	DERANGO, ERNEST		1.2 NAME		CARSON K, KICHAM	60 /		
STREET ADDRESS	2828 CROWN CT		1.3 STREET	ADDRESS	2800 REGENCY et	·		
CITY - ST - ZIP	DELRAY BEACH FL		1.4 CITY - S	T-ZIP	CARSON K, RICHAM 2800 REGENCY ET DELKNY Beh, Fl. 3	3445		
TITLE	VP ~	□ DELETE	2 1 TITLE		VP.	Change Addition		
NAME	DEPASQUALE, FRANCES	ر.	2 2 NAME	ĺ	POWANDA CAROL 2817 DUKE LANE	-		
STREET ADDRESS	2826 CROWN CT		23 STREET	ADDRESS	2817 DUKE LANE			
CITY-ST-ZIP	~ DELRAY BEACH FL		2 4 CITY - 9	T-ZIP	DELRAY BEH. Fl.	37445		
TITLE	ST	DELETE	3 1 TITLE		D. 7	Change Addition		
NAME	Mosher, Ellen I.	Same	3 2 NAME	ĺ	DEPASOUALE, FRANC	ZES .		
STREET ADDRESS	2724 PONCE DELEON BLVD	<i>O.</i> C.	3 3 STREET	ADDRESS	DEPASOUALE, FRANCE 2826 CROWN CX	•		
CITY-ST-ZIP	DELRAY BEACH FL		3.4. CITY-S	T - Z(P	DELRAY BON, FI. DELRAY BON, FI. DELRAY BON, FI.	33415		
TITLE	D	DELETE	4 1 THLE		D	· Change Addition		
NAME	POWANDA, CAROL		4. 2 NAME		FUNTO(A, BENTAM			
STREET ADDRESS	2817 DUKE LANE		4.3 STREET	ADDRESS	PONCE DELEON	15100		
CITY-ST-ZIP	DETRAY BEACH FL		4.4 CITY - S	T - Z IP	DELCAY Beb. Fl.	33445		
TITLE	D	DELETE	5 1 TITLE		7 77	Change Addition		
NAME	SCOZA, JOSEPH	Some O.K.	5 2 NAME					
STREET ADDRESS	2762 PONCE DELEON BLVD.	O.K.	5 3 STREET	ADDRESS				
CITY-ST-ZIP	DELRAY BCH, FL 00000	<u> </u>	5 4 CHTY-S	T-ZIP				
TITLE	D	Sance Of.	61 TITLE			Change Addition		
NAME	LAZAR, JOSEPH	Some	62 NAME					
STREET ADDRESS	2815 CROWN CT	AH.	63 STREET	ADDRESS				
CITY-ST-ZIF	DELRAY BEACH FL	U p	6 4 CITY - ST	· ZIP				
14. I do hereb	by certify that the information supplied w	ith this filing is voluntarily furnish	ned and does	not quali	fy for the exemption stated in Section 119.0	7(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, propriation an altrice 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, propriation and address.								