


FILE NOW: FILING FEE IS \$61.25

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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **722925** (5)
1. Corporation Name
IMPERIAL VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2700 PONCE DE LEON BLVD. DELRAY BCH FL 33447-2609	Mailing Address 2700 PONCE DE LEON BLVD. DELRAY BCH FL 33445-5884
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3. Date Incorporated or Qualified 03/17/1972	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1562392	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CARSON, RICHARD K	
STREET ADDRESS	2800 REGENCY CT	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POWANDA, CAROL	
STREET ADDRESS	2817 DUKE LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MOSHER, ELLEN I.	
STREET ADDRESS	2724 PONCE DELEON BLVD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEPASQUALE, FRANCES	
STREET ADDRESS	2826 CROWN CT	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCOZA, JOSEPH	
STREET ADDRESS	2762 PONCE DELEON BLVD.	
CITY-ST-ZIP	DELRAY BCH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LAZAR, JOSEPH	
STREET ADDRESS	2815 CROWN CT	
CITY-ST-ZIP	DELRAY BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VICE-PRES.	
1.3 STREET ADDRESS	Richard Low, Grace	
1.4 CITY-ST-ZIP	2841 DUKE LANE DELRAY BCH, FL 33445	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MAISANO, JAMES	
2.3 STREET ADDRESS	2706 KNIGHT LANE	
2.4 CITY-ST-ZIP	DELRAY BCH, FL 33445	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GALUI, ANTHONY	
3.3 STREET ADDRESS	2705 KNIGHT LANE	
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	BELICCI, PAUL	
4.3 STREET ADDRESS	2802 CROWN CT	
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 does not qualify for the exemption stated in Section 119.07(3)(l), 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 as an attachment with an address.

SIGNATURE: *Richard K. Carson* **RICHARD K. CARSON** 3-14-97 272-9816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043243

CRCE037 (9/96)