

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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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/17/1972		3a. Date of Last Report 05/01/1996	
21		2b		4. FEI Number 59-1562392		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip		Country		Zip		Country	
24		25		29		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	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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARSON, RICHARD K	1.2 NAME	RICHARD K. CARSON
STREET ADDRESS	2800 REGENCY CT	1.3 STREET ADDRESS	2800 REGENCY CT
CITY-ST-ZIP	DELRAY BEACH FL 33445	1.4 CITY-ST-ZIP	DELRAY BCH, FL 33445
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWANDA, CAROL	2.2 NAME	MAISANO, JAMES
STREET ADDRESS	2817 DUKE LANE	2.3 STREET ADDRESS	2706 KNIGHT LANE
CITY-ST-ZIP	DELRAY BEACH FL 33445	2.4 CITY-ST-ZIP	DELRAY BCH, FL 33445
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSHER, ELLEN I.	3.2 NAME	GALUI, ANTHONY
STREET ADDRESS	2724 PONCE DELEON BLVD	3.3 STREET ADDRESS	2705 KNIGHT LANE
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	DELRAY BCH, FL 33445
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEPASQUALE, FRANCES	4.2 NAME	BELICCI, PAUL
STREET ADDRESS	2826 CROWN CT	4.3 STREET ADDRESS	2802 CROWN CT
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	DELRAY BCH, FL 33445
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOZA, JOSEPH	5.2 NAME	
STREET ADDRESS	2762 PONCE DELEON BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZAR, JOSEPH	6.2 NAME	
STREET ADDRESS	2815 CROWN CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	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)(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: *[Signature]* **RICHARD K. CARSON** 3-14-97 272-9816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043243

CR2E037 (9/96)