

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>2700 PONCE DE LEON BLVD. DELRAY BCH FL 33447-2609</b>	Mailing Address <b>2700 PONCE DE LEON BLVD. DELRAY BCH FL 33447-2609</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified <b>03/17/1972</b>	4. FEI Number <b>59-1562392</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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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 reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	<b>CARSON, RICHARD K</b>
STREET ADDRESS	<b>2800 REGENCY CT</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>POWANDA, CAROL</b>
STREET ADDRESS	<b>2817 DUKE LANE</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>
TITLE	ST <input type="checkbox"/> DELETE
NAME	<b>MOSHER, ELLEN I.</b>
STREET ADDRESS	<b>2724 PONCE DELEON BLVD</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>
TITLE	VP <input type="checkbox"/> DELETE
NAME	<b>RICHARDSON, GRACE</b>
STREET ADDRESS	<b>2841 DUKE LANE</b>
CITY-ST-ZIP	<b>DELRAY BCH FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>MAISANO, JAMES</b>
STREET ADDRESS	<b>2706 KNIGHT LANE</b>
CITY-ST-ZIP	<b>DELRAY BCH FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>GALUI, ANTHONY</b>
STREET ADDRESS	<b>2705 KNIGHT LANE</b>
CITY-ST-ZIP	<b>DELRAY BCH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Joseph Scoza</b>
2.3 STREET ADDRESS	<b>2762 Ponce de Leon</b>
2.4 CITY-ST-ZIP	<b>Delray Beach, FL</b>
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Jerome Maisano</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: \_\_\_\_\_ DATE: **3-13-98**

CP2E037 (10/97)