

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722925

1. Entity Name

IMPERIAL VILLAS CONDOMINIUM ASSOCIATION, INC.

FILED
Jul 13, 2001 8:00 am
Secretary of State

07-13-2001 90002 007 ****61.25

A0077194



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2700 PONCE DE LEON BLVD.
DELRAY BCH FL 33447-2609

Mailing Address
~~2700 PONCE DE LEON BLVD~~
~~DELRAY BCH FL 33447-2609~~

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
235 NE 6th Ave.

City & State
Delray Beach, FL 33483

4. FEI Number 59-1562392
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PUGH, DAVID J
234 NE 6TH AVE STE D
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	DELEEuw, CHARLES	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		2711 KNIGHT LANE	
CITY-ST-ZIP		DELRAY BEACH FL 33445	
TITLE	D	SCOZA, JOSEPH	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		2762 PONCE DE LEON	
CITY-ST-ZIP		DELRAY BEACH FL	
TITLE	ST	MOSHER, ELLEN I.	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		2724 PONCE DE LEON BLVD	
CITY-ST-ZIP		DELRAY BEACH FL	
TITLE	VP	HUMPREYS, FRANCES	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		2703 KNIGHT LANE	
CITY-ST-ZIP		DELRAY BCH FL 33445	
TITLE	D	MAISANO, JEROME	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		2706 KNIGHT LANE	
CITY-ST-ZIP		DELRAY BCH FL	
TITLE	P	GALUI, ANTHONY	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		2705 KNIGHT LANE	
CITY-ST-ZIP		DELRAY BCH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Billeci, Baldo	
STREET ADDRESS	2802 Crown Court	
CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Powanda, Carole	
STREET ADDRESS	2817 Duke Lane	
CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marino, Ronald	
STREET ADDRESS	2732 Ponce de Leon	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 7-10-01 2617

CR2E037 (5/01)