


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90004 015 \*\*\*\*61.25

<b>DOCUMENT # 722925</b>		
1. Entity Name <b>IMPERIAL VILLAS CONDOMINIUM ASSOCIATION, INC.</b>		

Principal Place of Business <b>2700 PONCE DE LEON BLVD. DELRAY BCH FL 33447-2609</b>	Mailing Address <b>235 NE 6TH AVENUE SUITE D DELRAY BEACH FL 33483</b>
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number <b>59-1562392</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>PUGH, DAVID J 234 NE 6TH AVE STE D DELRAY BEACH FL 33483</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BILLECI, BALDO</b> <b>2802 CROWN COURT</b> <b>DELRAY BEACH FL 33445</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President, D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCOZA, JOSEPH</b> <b>2762 PONCE DE LEON</b> <b>DELRAY BEACH FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President - D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Travo, Frank</b> <b>2705 Peer Lane</b> <b>Delray Beach, FL 33445</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>MOSHER, ELLEN I.</b> <b>2724 PONCE DELEON BLVD</b> <b>DELRAY BEACH FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary-Treasurer, D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Schuchert, Lisa</b> <b>2707 Peer Lane</b> <b>Delray Beach, FL 33445</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>POWANDA, CAROLE</b> <b>2817 DUKE LANE</b> <b>DELRAY BEACH FL 33445</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Humphreys, Frances</b> <b>2703 Knight Lane</b> <b>Delray Beach, FL 33445</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FAZZOLARI, DOMINIC</b> <b>2757 PONCE DE LEON BLVD.</b> <b>DELRAY BEACH FL 33445</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GALUI, ANTHONY</b> <b>2705 KNIGHT LANE</b> <b>DELRAY BCH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Lisa Schuchert* **Lisa Schuchert** 2-18-04 561-272-2617  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #