


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90138 048 ****61.25

DOCUMENT # 722925 1. Entity Name IMPERIAL VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2700 PONCE DE LEON BLVD. DELRAY BCH FL 33447-2609			Mailing Address 235 NE 6TH AVENUE SUITE D DELRAY BEACH FL 33483		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 817 GEORGE BUSH BLVD. Suite, Apt. #, etc.			
City & State DELRAY BEACH, FL 33483		City & State DELRAY BEACH, FL 33483		4. FEI Number 59-1562392	
Zip 33483		Country P.B.		5. Certificate of Status Desired <input type="checkbox"/> \$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 Numbers Not Acceptable) 817 GEORGE BUSH BLVD. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BILLECI, BALDO 2802 CROWN COURT DELRAY BEACH FL 33445		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD TIIM FRAYLICK 2705 PONCE DE LEON BLVD. DELRAY BEACH, FL 33445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHRIST, BILLIE 2700 PEER LANE DELRAY BEACH FL 33445		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAN HUMPHREYS 2703 KNIGHT LANE DELRAY BEACH, FL 33445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHUCHERT, LISA 2707 PEER LANE DELRAY BEACH FL 33445		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALUPPI, VITO 2715 PONCE DE LEON DELRAY BEACH FL 33445		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAZZOLARI, DOMINIC 2757 PONCE DE LEON BLVD. DELRAY BEACH FL 33445		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINOTO, JOHN 2841 DUKE LANE DELRAY BEACH FL 33445		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: **X** *Baldo Billici*