


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2007 08:00 AM
Secretary of State

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 817 GEORGE BUSH BLVD DELRAY BEACH FL 33483	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PUGH, DAVID J 817 GEORGE BUSH BLVD DELRAY BEACH FL 33483		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			



1st MOORE CR2E037 (10/06)

4. FEI Number 59-1562392	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD BILLECI, BALDO 2802 CROWN COURT DELRAY BEACH FL 33445	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000656361 03/14/07-80022-013 61.25
NAME	VPD CHRIST, BILLIE 2700 PEER LANE DELRAY BEACH FL 33445	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	TSD FRAYLICK, TIM 2705 PONCE DE LEON BLVD DELRAY BEACH FL 33445	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	D GALUPPI, VITO 2715 PONCE DE LEON DELRAY BEACH FL 33445	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D HUMPHREYS, FRAN 2703 KNIGHT LANE DELRAY BEACH FL 33445	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: *Baldo Billeci* 3-2-07 561-272-2617