2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722925

FILED Mar 19, 2009 Secretary of State

Entity Name: IMPERIAL VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2700 PONCE DE LEON BLVD. DELRAY BCH, FL 334472609

Current Mailing Address: New Mailing Address:

817 GEORGE BUSH BLVD
DELRAY BEACH, FL 33483
C/O M.J. GALLUP ACCOUNTING
DELRAY BEACH, FL 33483

FEI Number: 59-1562392 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PUGH, DAVID J 817 GEORGE BUSH BLVD DELRAY BEACH, FL 33483 US

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:

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition

 Title:
 PD () Delete
 Title:
 VP (X) Change ()

 Name:
 STANZIONE, SAM
 Name:
 BILLECI, BALDO

 Address:
 2818 CROWN COURT
 Address:
 2802 CROWN COURT

 City-St-Zip:
 DELRAY BEACH, FL 33445
 City-St-Zip:
 DELRAY BEACH, FL 33445

Title: VPD () Delete Title: PD (X) Change () Addition Name: POWANDA, CAROL Name: POWANDA, CAROL Address: 2805 CROWN COURT Address: 2805 CROWN COURT

City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: DELRAY BEACH, FL 33445

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 DE SILVERIA, LINO
 Name:
 GALUI, TONY

 Address:
 2830 CROWN COURT
 Address:
 2705 KNIGHT LANE

 City-St-Zip:
 DELRAY BEACH, FL 33445
 City-St-Zip:
 DELRAY BEACH, FL 33445

Title: () Delete Title: S () Change (X) Addition

Name: Name: FRAYLICK, TIM

Address: Address: 2705 PONCE DE LEON BLVD City-St-Zip: City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL POWANDA P 03/19/2009