

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90044 003 \*\*\*\*61.25

**DOCUMENT # 731570**

1. Entity Name

IMPERIAL POINT CONDOMINIUM ASSOCIATION OF FT.  
LAUDERDALE, INC.



Principal Place of Business

6000 N.E. 22ND WAY  
FT. LAUDERDALE FL 33308

Mailing Address

6000 N.E. 22ND WAY  
APT. #1A  
FT. LAUDERDALE FL 33308  
US

**50016298**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1808576

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELL'ARIA, JOSEPH  
6000 NE 22ND WAY  
APT 7E  
FT LAUDERALE FL 33308

Name

DORIS D. EMMETT

Street Address (P.O. Box Number is Not Acceptable)

6000 NE 22ND WAY

APT 3B

City

FT. LAUDERDALE

FL

Zip Code

33308

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

*Doris D. Emmett*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-10-05

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | PD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | DELL'ARIA, JOSEPH      |  |
| STREET ADDRESS | 6000 NE 22 WAY 7E      |  |
| CITY-ST-ZIP    | FT LAUDERDALE FL 33308 |  |
| TITLE          | VPD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | FIELDING, DIANE        |  |
| STREET ADDRESS | 6000 NE 22 WAY 7E      |  |
| CITY-ST-ZIP    | FT LAUDERDALE FL 33308 |  |
| TITLE          | STD                    | <input type="checkbox"/> Delete            |
| NAME           | GITLIN, BERNARD        |  |
| STREET ADDRESS | 6000 NE 22ND WAY 7F    |  |
| CITY-ST-ZIP    | FT. LAUDERDALE FL      |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | PD                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | EMMETT, DORIS D.         |  |
| STREET ADDRESS | 6000 NE 22 WAY 3B        |  |
| CITY-ST-ZIP    | FT. LAUDERDALE, FL 33308 |  |
| TITLE          | VPD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SANTIAGO, JOSE           |  |
| STREET ADDRESS | 6000 NE 22 WAY 3G        |  |
| CITY-ST-ZIP    | FT. LAUDERDALE, FL 33308 |  |
| TITLE          | SAME                     | <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    |                          |  |
| 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:

*Warren F. Cooper, Director*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05

Date

954-492-8264

Daytime Phone #