

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 Jul 12, 1999 8:00 am
 Secretary of State

07-12-1999 90014 019 ****61.25

DOCUMENT # 746364 ✓

1. Corporation Name

IMPERIAL VILLAGE CONDOMINIUM ASSOCIATION OF BROWARD COUNTY, INC.



Principal Place of Business

F BROWARD COUNTY, INC.
 6200 NE 22ND WAY
 FT LAUDERDALE FL 33308

Mailing Address

F BROWARD COUNTY, INC.
 6200 NE 22ND WAY
 FT LAUDERDALE FL 33308

2. Principal Place of Business

1 Suite, Apt. #, etc.

2 City & State

3 Zip Country

4 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/21/1979

4. FEI Number
 59-1977099

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PENGR, JAMES
 6200 N.E. 22ND WAY
 SUITE 104
 FT. LAUDERDALE, FL 33308

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LOVE, RICHARD	
STREET ADDRESS	6200 NE 22ND WAY, 207	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PENGR, JAMES	
STREET ADDRESS	6200 NW 22ND WAY, 207	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PUHALLA, MICHELLE	
STREET ADDRESS	6200'NE 22ND WAY #103	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BEERS, EVELYNE	
STREET ADDRESS	6200 NW 22ND WAY, 101	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ORMAN, SCOTT	
STREET ADDRESS	6200 NE 22ND WAY #301	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LOVE, RICHARD	
1.3 STREET ADDRESS	6200 NE 22 WAY	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33308	
2.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PENGR, JAMES	
2.3 STREET ADDRESS	6200 NE 22 WAY	
2.4 CITY-ST-ZIP	FORT LAUD, FLA. 33308	
3.1 TITLE	SECRETARY/TRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	THOMAS, ALISHA	
3.3 STREET ADDRESS	6200 NE 22 WAY	
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33308	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VIAS, Pili	
6.3 STREET ADDRESS	6200 NE 22 WAY	
6.4 CITY-ST-ZIP	FT. LAUD. FLA. 33308	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard Love
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-99

954-761-5683

Date

Daytime Phone #

CR2E037 (5/19)