

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **746364**

1. Entity Name

**IMPERIAL VILLAGE CONDOMINIUM ASSOCIATION OF BROW**

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90057 048 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

~~F. BROWARD COUNTY, INC.~~  
~~6200 NE 22ND WAY~~  
~~FT LAUDERDALE FL 33308-2207~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1977099**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name **PHIL VIAS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6200 NE 22 WAY**  
 City **FORT 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.

SIGNATURE *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOVE, RICHARD	
STREET ADDRESS	6200 NE 22 WAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PENGR, JAMES	
STREET ADDRESS	6200 NE 22 WAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, ALISHA	
STREET ADDRESS	6200 NE 22 WAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	VIAS, PHIL	
STREET ADDRESS	6200 NE 22 WAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
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		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIAS, PHIL	
STREET ADDRESS	6200 NE 22 WAY	
CITY-ST-ZIP	FORT LAUD, FLA. 33308	
TITLE	V.P./ASST. TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVE, RICHARD	
STREET ADDRESS	6200 NE 22 WAY	
CITY-ST-ZIP	FORT LAUD, FLA. 33308	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POCHNICK, BETH	
STREET ADDRESS	6200 NE 22 WAY	
CITY-ST-ZIP	FT. LAUD, FLA 33308	
TITLE	SK.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMERSON, TONI	
STREET ADDRESS	6200 NE 22 WAY	
CITY-ST-ZIP	FT. LAUD, FLA. 33308	
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: *[Signature]* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-00

Date

Daytime Phone #

CR2E037 (9/99)