


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90005 045 ****61.25

DOCUMENT # 746364

1. Entity 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**

50025752



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

07282006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-1977099

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VIAS, PHILIP
 6200 NE 22 WAY
 310
 FT. LAUDERDALE, FL 33308**

7. Name and Address of New Registered Agent

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 *[Signature]*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by September 6, 2006**

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	V	<input type="checkbox"/> Delete
NAME	VIAS, PHILIP	
STREET ADDRESS	6200 NE 22 WAY # 310	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DELISSER, NATALIE	
STREET ADDRESS	6200 NE 22 WAY	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EMERSON, TONI	
STREET ADDRESS	6200 NE 22 WAY	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PECHNICK, KURT	
STREET ADDRESS	6200 NE 22 WAY # 105	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	P	<input type="checkbox"/> Delete
NAME	BIHUS, DAVID	
STREET ADDRESS	6200 NE 22 WAY # 308	
CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PACOVSKY, STAN	
STREET ADDRESS	6200 NE 22 WAY, # 305	
CITY-ST-ZIP	FT LAUD. FL 33308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6200 N.E. 22 Way, #310	
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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIHUS, DARIA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" 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 exemptions contained 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 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]* **7/27/06** **954-491-7773**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #