

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746364

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** IMPERIAL VILLAGE CONDOMINIUM ASSOCIATION OF BROWARD COUNTY, INC.

**Current Principal Place of Business:**

6200 N.E. 22ND WAY  
FT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 122015  
FT LAUDERDALE, FL 33312

**New Mailing Address:**

**FEI Number:** 59-1977099      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

TDSUNSHINE PROPERTY MANAGEMENT  
4330 WEST BROWARD BLVD  
STE I  
PLANTATION, FL 33317 US

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

TDSUNSHINE PROPERTY MANAGEMENT  
330 SOUTH STATE ROAD 7  
STE 500  
PLANTATION, FL 33317 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: TDSUNSHINE PROPERTY MANAGEMENT

04/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BIHUS, DARIA  
Address: 330 SOUTH STATE ROAD 7, STE 500  
City-St-Zip: PLANTATION, FL 33317

Title: TD  
Name: THOLL, KRISTEN  
Address: 330 SOUTH STATE ROAD 7, STE 500  
City-St-Zip: PLANTATION, FL 33317

Title: SD  
Name: PATTERSON, SHIRLEY  
Address: 330 SOUTH STATE ROAD 7, STE 500  
City-St-Zip: PLANTATION, FL 33317

Title: D  
Name: VIAS, PHILIP  
Address: 330 SOUTH STATE ROAD 7, STE 500  
City-St-Zip: PLANTATION, FL 33317

Title: VPD  
Name: PACOVSKY, STAN  
Address: 330 SOUTH STATE ROAD 7, STE 500  
City-St-Zip: PLANTATION, FL 33317

Title: D  
Name: ROMANO, RON  
Address: 330 SOUTH STATE ROAD 7, STE 500  
City-St-Zip: PLANTATION, FL 33317

I hereby 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 all other like empowered.

SIGNATURE: DARIA BIHUS

PD

04/25/2011

Electronic Signature of Signing Officer or Director

Date