

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90098 025 ****61.25

DOCUMENT # N00000005523		
1. Entity Name IMPERIAL WAREHOUSE CONDOMINIUM ASSN., INC.		

Principal Place of Business 357 IMPERIAL BLVD # 5 CAPE CANAVERAL, FL 32920-4219	Mailing Address 357 IMPERIAL BLVD #5 #D-8 CAPE CANAVERAL, FL 32920-4219
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2. Principal Place of Business		3. Mailing Address 357 IMPERIAL BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. D-8	
City & State		City & State CAPE CANAVERAL, FL	
Zip	Country	Zip	Country
32920	USA	32920	USA



04112005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent STILLEY, JOHN D 660 TIMUQUANA DRIVE MERRITT ISLAND, FL 32953		7. Name and Address of New Registered Agent Name GREG DIPPOLITA Street Address (P.O. Box Number is Not Acceptable) 19 INDIAN VILLAGE TRAIL City COCOA BEACH FL Zip Code 32931	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STILLEY, JOHN D 660 TIMUQUANA DRIVE MERRITT ISLAND, FL 32953 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIPPOLITA, GREG 19 INDIAN VILLAGE TRAIL COCOA BEACH, FL 32931 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MONEY, JOYCE 8496 RIDGEWOOD AVE APT 3301 CAPE CANAVERAL, FL 32920 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: **JOYCE MONEY STD 321-537-5586**