2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2006 8:00 am Secretary of State

04-13-2006 90278 032 ****61.25

DOCUMENT # N00000005523

1. Entity Name IMPERIAL WAREHOUSE CONDOMINIUM ASSN., INC.



Principal Place of Business 357 IMPERIAL BLVD

SIGNATURE:

5 CAPE CANAVERAL, FL 32920-4219

Malling Address

357 IMPERIAL BLVD #D-8

CAPE CANAVERAL, FL 32920-4219

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|--|---|---|---|---|-------------------------------------|---------------------------------|-----------------|
| 2. Principal Pi | rincipal Place of Busidess ALB BLVD 3. Meilting Address ALIAL BLVD 401 LIMPERIAL BLVD | | | | 177 177 1 27 128 178 | 1972; 6 25 ; 627 (877 (8 | |
| Suite, Apt. | ≢, etc. | • | 02212006 CI | hg-NP CR | 22E037 (11/05) | | |
| CALL CANAVELA II GIT STATE ANAVE | | | WAL FL | 4. FEI Number Applied For 59-3759141 Not Applicable | | | |
| Zip 32 | 920 Courty A | Zip 22920 | Country 15 H | 5. Certificate of St | tatus Desired | \$8.75 Add | tional |
| Op i | 6. Name and Address of Current I | 10,0,, | 7. Name and Address of New Registered Agent | | | | |
| DUPPOLIT | | Name J | Name BYCE MAKY | | | | |
| 19 INDIAN | VILLAGE TRAIL | Street Addgets (Pro>Box Number in Not Acceptable) | | | | | |
| COCOA BI | EACH, FL 32931 | 10x40 WOLFS JKHIL | | | | | |
| | • | City 54 Do Ch'S TKAIL | | | | | |
| | • 3 | | City SIRKFNID FL Zin 29 11/0 | | | | |
| 8. The above named entity submits this statemen 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. | | | | | | | |
| O A IL Mercel | | | | | | | |
| SIGNATURE Splanture, type for printed name of regulared agent and they applicable. (NOTE: Registered Agent signature required when renastring) DATE DATE | | | | | | | |
| On Annual of Annual Indian or Company of the Annual Annual Indian of Annual Indian Ind | | | | | | | |
| | Pilling Fee is \$61.25 9. Election Campaign Financing Trust Fund Contribution. | | | | | check payable to | |
| Due by May 1, 2006 Trust Fund Contribution. | | | | Added to Fees | | Department of Str | |
| 10. | OFFICERS AND DIR | 11. | ADDITIONS/CHANG | _,, | ID DIRECTORS IN | 10 | |
| TITLE | P | ☐ Delete | | ICE PRESID | EN7 | Change | Addition |
| HAME | DIPPOLITA, GREG | | NAME | | | | |
| STREET ADDRESS CITY-ST-ZIP | 19 INDIAN VILLAGE TRAIL COCOA BEACH, FL 32931 | STREET ADDRESS CITY-ST-ZEP | | | | | |
| | STD | — | 4 | | | | |
| TITLE NAME | MONEY, JOYCE | ☐ Delete | TITLE | | | Distribunge | Addition |
| STREET ADDRESS | 8496 RIDGEWOOD AVE APT 33 | STREET ADDRESS | 32648 Wolfs | Trl. i | | | |
| CITY-ST-ZIP | CAPE CANAVERAL, FL 32920 | CITY-ST-ZIP | Sorrento, FL 32 | | | | |
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| STREET ADDRESS | | | STREET ADDRESS | | | | į |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| 12. I hereby o | certify that the information supplied with | this filing does not qualify for | | ined in Chapter 119. Flo | rida Statutes. I furthe | er certify that the in | formation |
| 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. | | | | | | | |