

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 10 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17724 (8)
1. Corporation Name
IMPERIAL AT PROMENADE CONDOMINIUM ASSOCIATION, I NC.



Principal Place of Business 7567 IMPERIAL DRIVE SUITE 101 BOCA RATON FL 33433	Mailing Address 7567 IMPERIAL DRIVE SUITE 101 BOCA RATON FL 33433
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3. Date Incorporated or Qualified 11/10/1986		
4. FEI Number 59-2750758	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BECKER POLIAKOFF & STREITFELD
450 AUSTRALIAN AVENUE, SUITE 720
SUITE 201 SOUTH
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE DPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TALLES, PHIL		1.2 NAME TALLES, PHILIP	
STREET ADDRESS 7567 IMPERIAL DR C502		1.3 STREET ADDRESS 7567 IMPERIAL DR.-C502	
CITY-ST-ZIP BOCA RATON FL		1.4 CITY-ST-ZIP BOCA RATON, FL 33433	
TITLE TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHINE, JERRY		2.2 NAME WITTENBERG, BILL	
STREET ADDRESS 7569 IMPERIAL DRIVE C302		2.3 STREET ADDRESS 7563 IMPERIAL DR - D301	
CITY-ST-ZIP BOCA RATON FL		2.4 CITY-ST-ZIP BOCA RATON, FL 33433	
TITLE VPSD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BADER, HAROLD		3.2 NAME	
STREET ADDRESS 7579 IMPERIAL DR A302		3.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		3.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EIHORN, BILL		4.2 NAME EINHORN, BILL	
STREET ADDRESS 7576 IMPERIAL DR.		4.3 STREET ADDRESS 7567 IMPERIAL DR - C 401	
CITY-ST-ZIP BOCA RATON FL		4.4 CITY-ST-ZIP BOCA RATON, FL 33433	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUREWITZ, HARRY		5.2 NAME	
STREET ADDRESS 7567 IMPERIAL DR C201		5.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE: *Harold Bader (Secretary)* **3-3-98**

CP2E037 (10/97)