


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90723 006 ****61.25

DOCUMENT # N17724

1. Entity Name
IMPERIAL AT PROMENADE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O PRIME MANAGEMENT
 6300 PARK OF COMMERCE BLVD
 BOCA RATON, FL 33487**

Mailing Address
**C/O PRIME MANAGEMENT
 6300 PARK OF COMMERCE BLVD
 BOCA RATON, FL 33487**

34037145



2. Principal Place of Business		3. Mailing Address		03042004	Chg-NP	CR2E037 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-2750758	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BECKER AND POLIAKOFF, PA 450 AUSTRALIAN AVENUE 9 FLOOR WEST PALM BEACH, FL 33401				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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

Filing Fee is \$61.25 Due by May 1, 2004

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROSENBERG, DELLA			NAME	Paul Nussbaum		
STREET ADDRESS	7567 IMPERIAL DRIVE #202C			STREET ADDRESS	7563 Imperial DR 701 D		
CITY-ST-ZIP	BOCA RATON, FL 33433			CITY-ST-ZIP	Boca Raton FL 33433		
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KNABLE, LEE			NAME			
STREET ADDRESS	7567 - 402C IMPERIAL DRIVE			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33433			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WARREN, BILL			NAME	Bonnie Gara		
STREET ADDRESS	7563 IMPERIAL DRIVE #201			STREET ADDRESS	7563 Imperial DR 502 D		
CITY-ST-ZIP	BOCA RATON, FL 33433			CITY-ST-ZIP	Boca Raton FL 33433		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	Don Fischer	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GELBER, STUART			NAME	D		
STREET ADDRESS	7575 IMPERIAL DRIVE #201B			STREET ADDRESS	7575 Imperial DR 402B		
CITY-ST-ZIP	BOCA RATON, FL 33433			CITY-ST-ZIP	Boca Raton FL 33433		
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARANOFF, JERRY			NAME			
STREET ADDRESS	7579 IMPERIAL DRIVE #402			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33433			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: James Crampf _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____