

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 722925

Entity Name: IMPERIAL VILLAS CONDOMINIUM ASSOCIATION, INC.

FILED
Sep 15, 2023
Secretary of State
6661217313CC

Current Principal Place of Business:

C/O REALMANAGE
11784 WEST SAMPLE ROAD SUITE 103
CORAL SPRINGS, FL 33065

Current Mailing Address:

C/O REALMANAGE
PO BOX 803555
DALLAS, TX 75380 US

FEI Number: 59-1562392

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHIR LAW GROUP
2295 CORPORATE BLVD NW STE 140
BOCA RATON, FL 33431 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: GUY M. SHIR

09/15/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name DEMARCO , ADA
Address C/O REALMANAGE
 11784 WEST SAMPLE ROAD SUITE
 103
City-State-Zip: CORAL SPRINGS FL 33065

Title VP
Name MOTTOLA, BENJAMIN
Address C/O REALMANAGE
 11784 WEST SAMPLE ROAD SUITE
 103
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR
Name PESTI, JOSEPH
Address C/O REALMANAGE
 11784 WEST SAMPLE ROAD SUITE
 103
City-State-Zip: CORAL SPRINGS FL 33065

Title TREASURER
Name TRUSTEE, KAREN
Address C/O REALMANAGE
 11784 WEST SAMPLE ROAD SUITE
 103
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR
Name COYLE, PETER-JON
Address C/O REALMANAGE
 11784 WEST SAMPLE ROAD SUITE
 103
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR
Name GIACONA, PHILIP JR.
Address C/O REALMANAGE
 11784 WEST SAMPLE ROAD SUITE
 103
City-State-Zip: CORAL SPRINGS FL 33065

Title SECRETARY
Name SCHUCHERT, LISA
Address C/O REALMANAGE
 11784 WEST SAMPLE ROAD SUITE
 103
City-State-Zip: CORAL SPRINGS FL 33065

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: ADA DEMARCO

PRESIDENT

09/15/2023

