

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722925

**Entity Name:** IMPERIAL VILLAS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 10, 2020**  
**Secretary of State**  
**8326012738CC**

**Current Principal Place of Business:**

11784 WEST SAMPLE ROAD  
103  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

11784 WEST SAMPLE ROAD  
103  
CORAL SPRINGS, FL 33065 US

**FEI Number: 59-1562392**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

UNITED COMMUNITY MANAGEMENT CORP  
11784 WEST SAMPLE ROAD  
103  
CORAL SPRINGS, FL 33065 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: RENEE CAMPBELL**

**02/10/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DE MARCO , ADA  
Address        11784 WEST SAMPLE ROAD  
                  103  
City-State-Zip: CORAL SPRINGS FL 33065

Title            SECRETARY  
Name            FERRANTE, JOHNNY  
Address        11784 WEST SAMPLE ROAD  
                  103  
City-State-Zip: CORAL SPRINGS FL 33065

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

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

Title            TREASURER  
Name            DIMUZIO, DAVID  
Address        11784 WEST SAMPLE ROAD  
                  103  
City-State-Zip: CORAL SPRINGS FL 33065

Title            D  
Name            PESTI , JOSEPH  
Address        11784 WEST SAMPLE ROAD  
                  103  
City-State-Zip: CORAL SPRINGS FL 33065

Title            DIRECTOR  
Name            VALENTI, KAREN  
Address        11784 WEST SAMPLE ROAD  
                  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: DE MARCO , ADA**

**PRESIDENT**

**02/10/2020**

Electronic Signature of Signing Officer/Director Detail

Date