

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008307

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

**Current Principal Place of Business:**

10000 BAY HARBOR TERRACE  
BAY HARBOR ISLANDS, FL 33154

**Current Mailing Address:**

C/O TMS  
P.O. BOX 822431  
PEMBROKE PINES, FL 33082

**FEI Number:** 42-1558100

**Certificate of Status Desired:** No

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

MIRABAL, JORGE  
C/O TMS  
P.O. BOX 822431  
PEMBROKE PINES, FL 33082-2431 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:** JORGE MIRABAL

04/15/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TR, SECRETARY  
Name HAYES, ELENA H  
Address C/O TMS PO BOX 822431  
City-State-Zip: PEMBROKE PINES FL 33082

Title PRESIDENT  
Name RYSHAWY, JENNIFER  
Address C/O TMS  
P.O. BOX 822431  
City-State-Zip: PEMBROKE PINES FL 33082

Title VP  
Name BRUNO, PATRICIA  
Address C/O TMS PO BOX 822431  
City-State-Zip: PEMBROKE PINES FL 33082

Title DIRECTOR  
Name CELIA, SUSANA  
Address C/O TMS  
P.O. BOX 822431  
City-State-Zip: PEMBROKE PINES FL 33082-2431

Title DIRECTOR  
Name LOPEZ, YADIRA  
Address C/O TMS  
P.O. BOX 822431  
City-State-Zip: PEMBROKE PINES FL 33082

*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:** ELENA HAYES

**TREASURER**

04/15/2024

Electronic Signature of Signing Officer/Director Detail

Date