

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703762

FILED
Jan 14, 2009
Secretary of State

Entity Name: IMPERIAL POINT ASSOCIATION, INC.

Current Principal Place of Business:

6278 NORTH FEDERAL HIGHWAY
PMB 321
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

6278 NORTH FEDERAL HIGHWAY
PMB 321
FORT LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 59-6195453 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELLEY, BETTY J
5791 NE 22ND WAY
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: PICKENS, DREW
Address: 2124 NE 62ND ST
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: TD () Delete
Name: DEMAREST, JAMES
Address: 6610 NE 20TH WAY
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D () Delete
Name: SILVA, ALAN
Address: 5800 NE 20TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D () Delete
Name: CLARK, LAURA J
Address: 5850 NE 20TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D () Delete
Name: FISCHER, ELLEN S
Address: 2139 IMPERIAL POINT DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FILLIPONE, SUSAN
Address: 6278 N FEDERAL HIGHWAY, PMB321
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: EVANSON, LLOYD
Address: 6278 N FEDERAL HWY, PMB321
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES J DEMAREST

TD

01/14/2009

Electronic Signature of Signing Officer or Director

Date