

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90311 036 \*\*\*\*61.25

**DOCUMENT # 708047**

1. Entity Name  
**IMPERIAL MANOR CONDOMINIUM INCORPORATED**



Principal Place of Business  
**1015 INGRAHAM AVENUE, #8**  
**APT. 8**  
**DELRAY BEACH, FL 33483**

Mailing Address  
**1015 INGRAHAM AVENUE, #8**  
**APT. 8**  
**DELRAY BEACH, FL 33483**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**APT. 8**

Suite, Apt. #, etc.  
**APT. 8**

City & State

City & State

02192005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1641058**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SORRENTINO, THELMA~~  
~~1015 INGRAHAM AVE.~~  
~~#12~~  
~~DELRAY BEACH, FL 33483~~

Name **BURKE, TRICIA**  
Street Address (P.O. Box Number is Not Acceptable)  
**1015 INGRAHAM AVE. #8**  
City **DELRAY BEACH** FL Zip Code **33483**

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 *Tricia Burke*  
Signature, typed or printed name of registered agent and title if applicable.

**4/4/05**  
DATE

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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 ~~FD~~ ~~SECRETARY~~ ☒ Delete  
NAME ~~ROONEY, MARY ANN~~  
STREET ADDRESS ~~1015 INGRAHAM AVE.~~  
CITY-ST-ZIP ~~DELRAY BEACH, FL 33483~~

TITLE **PD** ☒ Change ☐ Addition  
NAME **BURKE, TRICIA**  
STREET ADDRESS **1015 INGRAHAM AVE.**  
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE ~~GD~~ ☐ Delete  
NAME ~~REIF, MELISSA~~  
STREET ADDRESS ~~1015 INGRAHAM AVE.~~  
CITY-ST-ZIP ~~DELRAY BEACH, FL 33483~~

TITLE **TD** ☒ Change ☐ Addition  
NAME **REIF, MELISSA**  
STREET ADDRESS **1015 INGRAHAM AVE.**  
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE **D** ☐ Delete  
NAME **YORK, BRIAN**  
STREET ADDRESS **1015 INGRAHAM AVE**  
CITY-ST-ZIP **DELRAY BEACH, FL**

TITLE **SD** ☒ Change ☒ Addition  
NAME **ROONEY, EDWARD**  
STREET ADDRESS **1015 INGRAHAM AVE.**  
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE ~~FD~~ ☐ Delete  
NAME ~~SORRENTINO, THELMA~~  
STREET ADDRESS ~~1015 INGRAHAM AVE.~~  
CITY-ST-ZIP ~~DELRAY BEACH, FL 33483~~

TITLE **D** ☒ Change ☐ Addition  
NAME **SORRENTINO, THELMA**  
STREET ADDRESS **1015 INGRAHAM AVE.**  
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE ~~FD~~ ☐ Delete  
NAME ~~BURKE, TRICIA~~  
STREET ADDRESS ~~1015 INGRAHAM AVENUE~~  
CITY-ST-ZIP ~~DELRAY BEACH, FL~~

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Tricia Burke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/05**  
Date

Daytime Phone #