

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90190 002 ****61.25

DOCUMENT # 708047 1. Entity Name IMPERIAL MANOR CONDOMINIUM INCORPORATED					
Principal Place of Business 1015 INGRAHAM AVENUE APT #9 DELRAY BEACH, FL 33483			Mailing Address 1015 INGRAHAM AVENUE APT #9 DELRAY BEACH, FL 33483		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1641058	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BURKE, TRICIA 1015 INGRAHAM AVE. #8 DELRAY BEACH, FL 33483				7. Name and Address of New Registered Agent Name ANNE HENDERSON Street Address (P.O. Box Number is Not Acceptable) 1015 INGRAHAM AVE. #9 City DELRAY BEACH FL 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 4/26/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consulting) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD BURKE, TRICIA 1015 INGRAHAM AVE. DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANNE HENDERSON 1015 INGRAHAM AVE. #9 DELRAY BEACH, FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REIF, MELISSA 1015 INGRAHAM AVE. DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D (Empty)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YORK, BRIAN 1015 INGRAHAM AVE. DELRAY BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEENA OSGOOD 1015 INGRAHAM AVE. #4 DELRAY BEACH, FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODNEY, EDWARD 1015 INGRAHAM AVE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODNEY, EDWARD SAME ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORRENTINO, THELMA 1015 INGRAHAM AVENUE DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUIS TORRES 1015 INGRAHAM AVE. #11 DELRAY BEACH, FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: EDWARD S. RODNEY, JR., PRESIDENT 4/25/06 617-342-6863 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					