
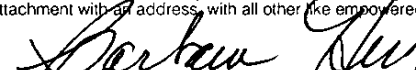


**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

40021082

<b>DOCUMENT # 714111</b>				02-20-2007 90043 040 ****61.25	
1. Entity Name IMPERIAL HOUSE OF BRADENTON BEACH CONDOMINIUM ASSOCIATION, INC..		Principal Place of Business CONDOMINIUM ASSOCIATION INC 611 GULF DRIVE BRADENTON BEACH, FL 34217		Mailing Address CONDOMINIUM ASSOCIATION INC 611 GULF DRIVE BRADENTON BEACH, FL 34217	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		40021082	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02012007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-1537394	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HEROLD, BILL 5500 MARINA DRIVE HOLMES BEACH, FL 34217			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	P BENING, KATHY S 14695 COUNTY HWY 4 OKAWVILLE, IL 62271	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HILLER, BARBARA J 611 GULF DR N UNIT C-21 BRADENTON BEACH, FL 34217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KOSKO, BONNIE A 5080 HIAWATHA DR. CHEBOYGAN, MI 49721	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RADOJESICS, CATHY 310 79TH ST NW BRADENTON, FL 34209	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREAS. BARBARA HUG 611 GULF DR N UNIT A-26 BRADENTON Bch, FL 34217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MALIN, MARGE 4740 DRIFTWOOD DR COMMERCE TWP, FL 48386	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY SYLVIA COMPAGNON 611 GULF DR N UNIT C-27 BRADENTON Bch FL, 34217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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: 		2/17/07		941-778-5539	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	