

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90256 022 \*\*\*\*61.25

**DOCUMENT # 717157**

1. Entity Name

**IMPERIAL POINT GARDENS CONDOMINIUM, INC.**



Principal Place of Business

**2250 NE 56TH PLACE  
FT LAUDERDALE FL 33308**

Mailing Address

**2250 NE 56TH PLACE  
FT LAUDERDALE FL 33308  
US**

2. Principal Place of Business

*Same as above*

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1359998**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FABIANO, JEANNE D G  
2230 N.E. 56TH PLACE  
FT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

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

*Jeanne Fabiano*

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

(NOTE: Registered Agent signature required when reinstating)

*2-14-02*

DATE

**FILE NOW: FEE IS \$61.25**

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

TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>CARLINE, SUBLETTE</b>
STREET ADDRESS	<b>5400 NE 22 WAY 825</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33308</b>
TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>CHARLES, HERWOOD</b>
STREET ADDRESS	<b>5840 NE 22 WAY 701</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33308</b>
TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>DANIEL, KENT</b>
STREET ADDRESS	<b>5800 NE 22 WAY 508</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33308</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>COLLIER, BARBARA</b>
STREET ADDRESS	<b>5441 NE 22 WAY</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 35308</b>
TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>STHAIR, FREDA</b>
STREET ADDRESS	<b>2210 NE 56TH PL #122</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>
TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>CLARK, WILLIAM</b>
STREET ADDRESS	<b>5700 NE 22ND WAY #324</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRES/D</b>
STREET ADDRESS	<b>JEANNE FABIANO</b>
CITY-ST-ZIP	<b>2230 N.E. 56TH PL #207 FT LAUDERDALE, FL 33308</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>J.P./D</b>
STREET ADDRESS	<b>ALLAN DOYLE</b>
CITY-ST-ZIP	<b>5720 N.E. 56TH PL #427 FT LAUDERDALE, FL 33308</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D/S</b>
STREET ADDRESS	<b>EARLINE SUBLETTE</b>
CITY-ST-ZIP	<b>5900 N.E. 22ND WAY #826 FT LAUDERDALE, FL 33308</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D/T</b>
STREET ADDRESS	<b>SHEILA SITZMAN</b>
CITY-ST-ZIP	<b>5900 NE 22ND WAY #828 FT LAUDERDALE, FL 33308</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D</b>
STREET ADDRESS	<b>DAN PELLITIER</b>
CITY-ST-ZIP	<b>2210 NE 56TH PL #130 FT LAUDERDALE, FL 33308</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Jeanne Fabiano*

*2-14-03*

CR2E037 (10/02)