


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2008 8:00 am
Secretary of State

08-12-2008 90025 047 ****61.25

DOCUMENT # 723724 1. Entity Name IMPERIAL HARBOURS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 333 LAKE HOWARD DR., N.W. WINTER HAVEN, FL 33880			Mailing Address 333 LAKE HOWARD DR., N.W. WINTER HAVEN, FL 33880		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1548983	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARHAM, JOAN 333 WEST LAKE HOWARD DR SUITE 111A WINTER HAVEN, FL 33880				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		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					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	TD	NAME	ALEXANDROU, LINDA	TITLE	D
STREET ADDRESS	333 LAKE HOWARD DR. NW 314C	NAME	333 LK. Howard Dr. NW	STREET ADDRESS	333 LK. Howard Dr. NW
CITY-ST-ZIP	WINTER HAVEN, FL 33880	CITY-ST-ZIP	WINTER HAVEN, FL 33880	CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	PD	NAME	BARHAM, JOAN	TITLE	
STREET ADDRESS	333 LAKE HOWARD DR NW 111A	NAME	333 LAKE HOWARD DR NW 111A	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	CITY-ST-ZIP	WINTER HAVEN, FL 33880	CITY-ST-ZIP	
TITLE	SD	NAME	BEESON, RUTH	TITLE	
STREET ADDRESS	333 LAKE HOWARD DR NW 302D	NAME	333 LAKE HOWARD DR NW 302D	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	CITY-ST-ZIP	WINTER HAVEN, FL 33880	CITY-ST-ZIP	
TITLE	D	NAME	BIEBER, GENE	TITLE	
STREET ADDRESS	333 LAKE HOWARD DR NW 304D	NAME	333 LAKE HOWARD DR NW 304D	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	CITY-ST-ZIP	WINTER HAVEN, FL 33880	CITY-ST-ZIP	
TITLE	VPD	NAME	LUZIO, JOHN	TITLE	
STREET ADDRESS	333 LAKE HOWARD DR 203B NW	NAME	333 LAKE HOWARD DR 203B NW	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	CITY-ST-ZIP	WINTER HAVEN, FL 33880	CITY-ST-ZIP	
TITLE	D	NAME	BERTRAM, PAT	TITLE	
STREET ADDRESS	333 LAKE HOWARD DR NW 112A	NAME	333 LAKE HOWARD DR NW 112A	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	CITY-ST-ZIP	WINTER HAVEN, FL 33880	CITY-ST-ZIP	

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: Joan Barham 8-4-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #