

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90097 027 ****61.25

DOCUMENT # 725763

1. Corporation Name

IMPERIAL HOUSE CONDOMINIUM, INC.

DATE 3/15/99

Principal Place of Business

5255 COLLINS AVE.
MIAMI BEACH FL 33140

Mailing Address

% THE CONTINENTAL GROUP
20815 NE 16TH AVE. STE. B-14
N. MIAMI BCH. FL 33179
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
03/12/1973

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1552004

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CYPEN, STEPHEN
825 ARTHUR GODFREY ROAD
MIAMI BEACH FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME GOLDMAN, AARON
STREET ADDRESS 5255 COLLINS AVE, 6A
CITY-ST-ZIP MIAMI BEACH FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

No Change

☐ Change ☐ Addition

TITLE P
NAME HABER, LEONARD D.R.
STREET ADDRESS 5255 COLLINS AVENUE, APT. 10J
CITY-ST-ZIP MIAMI BCH FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

No Change

☐ Change ☐ Addition

TITLE S
NAME MONAT, ANN
STREET ADDRESS 5255 COLLINS AVE, #11-D
CITY-ST-ZIP MIAMI BEACH FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

No Change

☐ Change ☐ Addition

TITLE T
NAME TALLENT, STEVE
STREET ADDRESS 5255 COLLINS AVE, #4-E
CITY-ST-ZIP MIAMI BEACH FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

D
Tallent, Steve
5255 Collins Ave. #4E
Miami Beach, FL

☒ Change ☐ Addition

TITLE D
NAME MONAT, ANN
STREET ADDRESS 5255 COLLINS AVENUE, APT. 4-F
CITY-ST-ZIP MIAMI BEACH FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

No Change

☐ Change ☐ Addition

TITLE D
NAME HAYGEORGE, EMANUEL
STREET ADDRESS 5255 COLLINS AVE, #7-F
CITY-ST-ZIP MIAMI BEACH FL

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

T
Pellerin, Michael
5255 Collins Ave #16
Miami Beach, FL

☒ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E037 (11/98)