

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90394 040 \*\*\*\*70.00

**DOCUMENT # 725763**

1. Entity Name  
**IMPERIAL HOUSE CONDOMINIUM, INC.**



Principal Place of Business  
**5255 COLLINS AVE.  
MIAMI BEACH, FL 33140**

Mailing Address  
**5255 COLLINS AVE.  
MIAMI BEACH, FL 33140**

**50038761**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-1552004**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GANGUZZA, JOSEPH  
150 W. FLAGLER STREET  
27TH FLOOR  
MIAMI, FL 33130**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE PD ☐ Delete  
NAME LEES, KENNETH  
STREET ADDRESS 5255 COLLINS AVE.  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Delete  
NAME ALONSO, MIRIAM  
STREET ADDRESS 5255 COLLINS AVE.  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE VP ☒ Change ☐ Addition  
NAME Al Cubreth  
STREET ADDRESS 5255 Collins Avenue  
CITY-ST-ZIP Miami Beach, Florida 33140

TITLE TD ☐ Delete  
NAME TABONE, ANDREW  
STREET ADDRESS 5255 COLLINS AVE.  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME BURTON, SARA  
STREET ADDRESS 5255 COLLINS AVE.  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE SD ☒ Change ☒ Addition  
NAME Joan Royce  
STREET ADDRESS 5255 Collins Avenue  
CITY-ST-ZIP Miami Beach, Florida 33140

TITLE D ☒ Delete  
NAME MARSHALL, ANN  
STREET ADDRESS 5255 COLLINS AVE.  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE D ☒ Change ☐ Addition  
NAME Richard Ostroff  
STREET ADDRESS 5255 Collins Avenue  
CITY-ST-ZIP Miami Beach, Florida 33140

TITLE D ☐ Delete  
NAME BLITSTEIN, ISIDORE  
STREET ADDRESS 5255 COLLINS AVE.  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE D ☐ Change ☒ Addition  
NAME Hilde Basch Freemont  
STREET ADDRESS 5255 Collins Avenue  
CITY-ST-ZIP Miami Beach, Florida 33140

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ANDREW J. TABONE, TREASURER**

**07-APR-2005 (305)406-5454**  
Date Daytime Phone #