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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:12

DOCUMENT # 728801 (2)

1. Corporation Name
DEL PRADO IMPERIAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~10403 GALDOA DRIVE~~ ~~SEMINOLE FL 34647-4001~~ 10895 Del Prado Dr., E. Largo, FL 34644	10895 DEL PRADO DRIVE EAST LARGO FL 34644 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/13/1974
3a. Date of Last Report: 03/07/1994
4. FEI Number: 23-7422283 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 10895 Del Prado Dr., E.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Largo, FL	28 City & State
24 Zip: 34644 25 Country: US	29 Zip 30 Country

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MEYER, KENNETH L.
10895 DEL PRADO DR., E.
LARGO FL 34694

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HART, DAVID	1.2 NAME	CANNISTARO, BOB	
STREET ADDRESS	13429 LAS PLAMAS DR.	1.3 STREET ADDRESS	13523 CORDOVA DR.	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	LARGO, FL 34644	
TITLE	VPD	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	GONZALEZ, JOE	2.2 NAME	HART, DAVID	
STREET ADDRESS	13570 LAS PALMAS DR.	2.3 STREET ADDRESS	13429 LAS PALMAS DR.	
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	LARGO, FL 34644	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	MEYER, KENNETH L.	3.2 NAME		
STREET ADDRESS	10895 DEL PRADO DR., E.	3.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	CANNISTRARO, BOB	4.2 NAME	LA HAIE, JIM	
STREET ADDRESS	13523 CORDOVA DR.	4.3 STREET ADDRESS	13368 HACIENDA DR.	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	LARGO, FL 34644	
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	PENNINGTON, GEORGE	5.2 NAME	BICKARD, CARL	
STREET ADDRESS	13420 LAS PALMAS DR.	5.3 STREET ADDRESS	13500 LAS PALMAS DR.	
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	LARGO, FL 34644	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Kenneth L Meyer TREASURER 3-15-95 (813) 596-5937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087140