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Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 728801 (2)

1. Corporation Name
DEL PRADO IMPERIAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10895 DEL PRADO DRIVE. EAST LARGO FL 34644 US	10895 DEL PRADO DRIVE EAST LARGO FL 33774-4641 US

3. Date Incorporated or Qualified: 02/13/1974
3a. Date of Last Report: 06/06/1996

2. Principal Place of Business	2a. Mailing Address
21 13523 CORDOVA DR	26 13523 CORDOVA Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: LARGO, FL.	28 City & State: LARGO, FL
24 Zip: 33774 25 Country: U.S.A.	29 Zip: 33774 30 Country: U.S.A.

4. FEI Number: 23-7422283 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CANNISTRARO, BOB
13523 CORDOVA DR.
LARGO FL ~~34644~~ 33774

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: 33774

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: Robert C. Cannistraro — ROBERT C. CANNISTRARO — 2-4-97
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	PD	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	CAMNISTRARO, BOB		1.2 NAME		
STREET ADDRESS	13523 CORDOVA DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL ~~34644~~ 33774		1.4 CITY-ST-ZIP	33774	
TITLE	VP	☑ DELETE	2.1 TITLE	VD	☐ Change ☑ Addition
NAME	~~HART, DAVID~~		2.2 NAME	BALAITY, DAVID	
STREET ADDRESS	~~13429 LAS PALMAS DRIVE~~		2.3 STREET ADDRESS	13507 LAS PALMAS DRIVE	
CITY-ST-ZIP	~~LARGO FL 34644~~		2.4 CITY-ST-ZIP	LARGO, FL 33774	
TITLE	TD	☑ DELETE	3.1 TITLE	TD	☐ Change ☑ Addition
NAME	~~BORGELT, WILLIAM~~		3.2 NAME	PICKARD, CARL	
STREET ADDRESS	~~13664 SERENA DR.~~		3.3 STREET ADDRESS	13500 LAS PALMAS DRIVE	
CITY-ST-ZIP	~~LARGO FL 34644~~		3.4 CITY-ST-ZIP	LARGO, FL 33774	
TITLE	VD	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	LA HAIE, JIM		4.2 NAME		
STREET ADDRESS	13368 HACIENDA DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL ~~34644~~ 33774		4.4 CITY-ST-ZIP	33774	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Robert C. Cannistraro — ROBERT C. CANNISTRARO — 2-4-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0051831