


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90016 003 \*\*\*\*61.25

<b>DOCUMENT # 731570</b>	
1. Entity Name	
IMPERIAL POINT CONDOMINIUM ASSOCIATION OF FT. LAUDERDALE, INC.	

Principal Place of Business	Mailing Address
6000 N.E. 22ND WAY FT. LAUDERDALE FL 33308	6000 N.E. 22ND WAY APT. #1A FT. LAUDERDALE FL 33308 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number	Applied For
59-1808576	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
EMMETT, DORIS D 6000 NE 22ND WAY APT 3B FT LAUDERDALE FL 33308	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMMETT, DORIS D	NAME	
STREET ADDRESS	6000 NE 22 WAY 3B	STREET ADDRESS	
CITY- ST- ZIP	FT LAUDERDALE FL 33308	CITY- ST- ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL'ARCIA, JOSEPH	NAME	
STREET ADDRESS	6000 NE 22 WAY 7E	STREET ADDRESS	
CITY- ST- ZIP	FT LAUDERDALE FL 33308	CITY- ST- ZIP	
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAND, JOSEPH	NAME	MARCE DA ROCHA
STREET ADDRESS	6000 NE 22 WAY 7A	STREET ADDRESS	6000 NE 22 WAY 7H
CITY- ST- ZIP	FORT LAUDERDALE FL 33308	CITY- ST- ZIP	FORT LAUDERDALE, FL 33308
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Walter F. Cooper* **DIRECTOR** *3/6/07* *954-991-9912*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *3/6/07* *954-492-8264*