

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90014 019 ****61.25

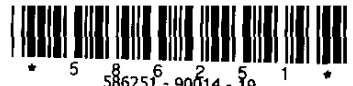
NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 746364 ✓

1. Corporation Name
IMPERIAL VILLAGE CONDOMINIUM ASSOCIATION OF BROWARD COUNTY, INC.



Principal Place of Business: F BROWARD COUNTY, INC. 6200 NE 22ND WAY FT LAUDERDALE FL 33308
 Mailing Address: F BROWARD COUNTY, INC. 6200 NE 22ND WAY FT LAUDERDALE FL 33308

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
1	26	03/21/1979
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
2	27	59-1977099
City & State	City & State	Applied For
3	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
4	25	29
25	29	30
		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
PENGR, JAMES
6200 N.E. 22ND WAY
SUITE 104
FT. LAUDERDALE, FL 33308

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 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 _____ 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	VPD <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVE, RICHARD	1.2 NAME	LOVE, RICHARD
STREET ADDRESS	6200 NE 22ND WAY, 207	1.3 STREET ADDRESS	6200 NE 22 WAY
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33308
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENGR, JAMES	2.2 NAME	PENGR, JAMES
STREET ADDRESS	6200 NW 22ND WAY, 207	2.3 STREET ADDRESS	6200 NE 22 WAY
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	FORT LAUD, FLA. 33308
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY/TRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUHALLA, MICHELLE	3.2 NAME	THOMAS, ALISHA
STREET ADDRESS	6200'NE 22ND WAY #103	3.3 STREET ADDRESS	6200 NE 22 WAY
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33308
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEERS, EVELYNE	4.2 NAME	
STREET ADDRESS	6200 NW 22ND WAY, 101	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORMAN, SCOTT	5.2 NAME	
STREET ADDRESS	6200 NE 22ND WAY #301	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	VPD
STREET ADDRESS		6.3 STREET ADDRESS	VIAS, Pili
CITY-ST-ZIP		6.4 CITY-ST-ZIP	6200 NE 22 WAY FT. LAUD. FLA. 33308

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: *Katherine Harris*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-99 954-761-5683
 Date Daytime Phone #

CR2E037 (5/19)