


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 746364
1. Entity Name
**IMPERIAL VILLAGE CONDOMINIUM ASSOCIATION OF
BROWARD COUNTY, INC.**



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

DO NOT WRITE IN THIS SPACE



01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-1977099 Not Applicable

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

6. Name and Address of Current Registered Agent
**VIAS, PHILIP
6200 NE 22 WAY
310
FT. LAUDERDALE, FL 33308**

**DO NOT WRITE
IN THIS SPACE**

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: *Phil Vias* DATE: 2/1/05

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

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

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

**U00000232197
02/16/05-80065-016 61.25**

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | V |
| NAME | VIAS, PHILIP |
| STREET ADDRESS | 6200 NE 22 WAY |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33308 |
| TITLE | SD |
| NAME | DELISSER, NATALIE |
| STREET ADDRESS | 6200 NE 22 WAY |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33308 |
| TITLE | D |
| NAME | EMERSON, TONI |
| STREET ADDRESS | 6200 NE 22 WAY |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33308 |
| TITLE | TD |
| NAME | PECHNICK, KURT |
| STREET ADDRESS | 6200 NE 22 WAY |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33308 |
| TITLE | P |
| NAME | BIHUS, DAVID |
| STREET ADDRESS | 6200 NE 22 WAY |
| CITY-ST-ZIP | FT LAUDERDALE, FL 33308 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

12. 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 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: *Phil Vias* DATE: 2/1/05 DAYTIME PHONE #: 954-491-7773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR