



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90003 044 ****61.25

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|--|--|--|---|---|---|
| DOCUMENT # 746364 1. Entity 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 - No P.O. Box # IMPERIAL VILLAGE CONDOMINIUM | | 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. | | 40131857  | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | City & State City & State | | 09032007 Chg-NP CR2E037 (12/06) | |
| City & State City & State | | 4. FEI Number 59-1977099 | | Applied For Not Applicable | |
| Zip Country | | Zip Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75. Additional Fee Required | |
| 6. Name and Address of Current Registered Agent VIAS, PHILIP 6200 NE 22 WAY 310 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 <u><i>Philip Vias</i></u> <u><i>President</i></u> <u><i>9/1/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P VIAS, PHILIP 6200 NE 22ND WAY #310 FORT LAUDERDALE, FL 33308 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PECHNICK, KURT 6200 NE 22 WAY #105 FORT LAUDERDALE, FL 33308 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V P BIHUS, DARIA 6200 NE 22 WAY #308 FT LAUDERDALE, FL 33308 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PACONSKY, STAN 6200 NE 22 WAY #305 FORT LAUDERDALE, FL 33308 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>Philip Vias</i></u> <u><i>9/1/07</i></u> <u><i>954-491-7773</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |