

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:15

DOCUMENT # **749992** (4)  
1. Corporation Name  
**IMPERIAL APARTMENTS ASSOCIATION, INC.**

Principal Place of Business 850 NE POP TILTONS PLACE P.O. BOX 65 JENSEN BEACH FL 34957	Mailing Address 850 NE POP TILTONS PLACE P.O. BOX 65 JENSEN BEACH FL 34957
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/30/1979</b>	3a. Date of Last Report <b>03/10/1994</b>
4. FEI Number <b>59-1992887</b>	Applied For <input type="checkbox"/> Not Applicable

21. Principal Place of Business <b>1274 NE Business Park Pl</b>	22. Mailing Address <b>1274 NE Business Park Place</b>
23. City & State <b>Jensen Beach, FL</b>	24. City & State <b>Jensen Beach, FL</b>
25. Zip <b>34957</b>	26. Zip <b>34957</b>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SUTER, LARRY**  
**3260 SE DIXIE HWY**  
**STUART FL 33494**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SUTER, LARRY
STREET ADDRESS	338 NE ALICE AVENUE
CITY - ST - ZIP	JENSEN BCH. FL
TITLE	VD
NAME	SUTER, KENNETH
STREET ADDRESS	324 ACACIA TR
CITY - ST - ZIP	JENSEN BCH. FL
TITLE	SD
NAME	ALLEN, DOLORES
STREET ADDRESS	175 ST LUCIE BLVD #D-5
CITY - ST - ZIP	STUART FL
TITLE	YD
NAME	EGBERS, GELMER
STREET ADDRESS	1766 NW PALMETTO COURT
CITY - ST - ZIP	STUART FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Larry Suter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**REMITTED BY MAY 1**

4/28/95 407  
Date Filing Fee #