

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90446 042 ****61.25

DOCUMENT # 749992

1. Entity Name
IMPERIAL APARTMENTS ASSOCIATION, INC.

Principal Place of Business 1274 NE BUSINESS PARK PL. P.O. BOX 65 JENSEN BEACH FL 34957 US	Mailing Address 1274 NE BUSINESS PARK PL. P.O. BOX 65 JENSEN BEACH FL 34957 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2149 E. Ocean Blvd. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 2393 Suite, Apt. #, etc.
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City & State Stuart, FL	City & State Stuart, FL	4. FEI Number 59-1992887	Applied For Not Applicable
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Zip 34996	Country USA	Zip 34995	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SUTER, LARRY
3260 SE DIXIE HWY
STUART FL 33494

7. Name and Address of New Registered Agent

Name: ~~Tom Aydelotte~~
 Street Address (P.O. Box Number is Not Acceptable):
2149 East Ocean Blvd.
 City: **Stuart** FL Zip Code: **34995**

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.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUTER, LARRY 338 NE ALICE AVENUE JENSEN BCH. FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUTER, KENNETH 324 ACACIA TR JENSEN BCH. FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLEN, DOLORES 175 ST LUCIE BLVD #D-5 STUART FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EGBERS, GELMER 1766 NW PALMETTO COURT STUART FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Tom Aydelotte 2149 E. Ocean Blvd. Stuart, FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Alex Aydelotte 2149 E. Ocean Blvd., Stuart FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: W. Thomas Aydelotte Date: 3/25/02 Telephone # 772-223-3646

CR2E037 (9/01)