


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90076 045 ****61.25

DOCUMENT # 749992							
1. Entity Name IMPERIAL APARTMENTS ASSOCIATION, INC.							
Principal Place of Business 729 COLORADO AVE. STUART, FL 34994 US			Mailing Address PO BOX 2393 STUART, FL 34995 US				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number 59-1992887				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
AYDELOTTE, TOM 729 COLORADO AVE. STUART, FL 34994			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 _____ <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 May 1, 2004		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	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALLEN, DOLORES			NAME			
STREET ADDRESS	175 ST LUCIE BLVD #D-5			STREET ADDRESS			
CITY-ST-ZIP	STUART, FL			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EGBERS, GELMER			NAME			
STREET ADDRESS	1766 NW PALMETTO COURT			STREET ADDRESS			
CITY-ST-ZIP	STUART, FL			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AYDELOTTE, TOM			NAME	ADDRESS CHANGE: AYDELOTTE, TOM		
STREET ADDRESS	2149 E OCEAN BLVD →			STREET ADDRESS	729 Colorado AVE		
CITY-ST-ZIP	STUART, FL 34996			CITY-ST-ZIP	STUART, FL 34994		
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AYDELOTTE, ALEX			NAME	Aydelotte, ALEX		
STREET ADDRESS	2149 E OCEAN BLVD →			STREET ADDRESS	729 Colorado AVE		
CITY-ST-ZIP	STUART, FL 34996			CITY-ST-ZIP	STUART, FL 34994		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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: <u><i>T. Aydelotte</i></u>				Date: <u>3/19/04</u> Daytime Phone #: <u>772-223-3646</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Tom Aydelotte, President Condo. Assn.							