


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 749992 1. Entity Name IMPERIAL APARTMENTS ASSOCIATION, INC.	
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Principal Place of Business 729 COLORADO AVE. STUART, FL 34994 US	Mailing Address PO BOX 2393 STUART, FL 34995 US
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01102005 No Chg-NP CR2E037 (10/03)

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

AYDELOTTE, TOM
729 COLORADO AVE.
STUART, FL 34994

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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 _____ DATE _____
Signature, typed or printed name of registered agent and file 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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ALLEN, DOLORES 175 ST LUCIE BLVD #D-5 STUART, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD EGBERS, GELMER 1766 NW PALMETTO COURT STUART, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AYDELOTTE, TOM 729 COLORADO AVE. STUART, FL 34994
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T AYDELOTTE, ALEX 729 COLORADO AVE. STUART, FL 34994
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 04/15/05-80049-014 61.25

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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: *Alex Aydelotte* **4/13/05** (772) 223-3646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #