


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90383 034 ****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
955 SE Federal Hwy


3. Mailing Address
955 SE Federal Hwy

Suite, Apt. #, etc.
202

City & State
STUART FL

Zip Country
34994 USA

4001200



04252006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1992887

Applied For
 Not Applicable

5. Certificate of Status Desired **\$0:75** Additional Fee Required

6. Name and Address of Current Registered Agent

**AYDELOTTE, TOM
 729 COLORADO AVE.
 STUART, FL 34994**

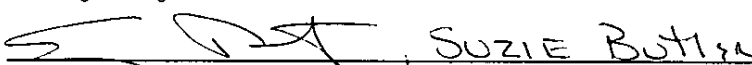
7. Name and Address of New Registered Agent

Name **Coastal Management**

Street Address (P.O. Box Number is Not Acceptable)
955 SE FEDERAL Highway 202

City **STUART** FL Zip Code **34994**

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  **SUZIE BUTLER** 4-24-06

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

Filing Fee is **\$61.25** Due by **May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLEN, DOLORES 175 ST LUCIE BLVD #D-5 STUART, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EGBERS, GELMER 1766 NW PALMETTO COURT STUART, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AYDELOTTE, TOM 729 COLORADO AVE. STUART, FL 34994	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AYDELOTTE, ALEX 729 COLORADO AVE. STUART, FL 34994	<input checked="" 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	P Michael Nuegels 333 Martin Ave - Bld 3 unit 3 STUART, FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Karl Bentzel 333 Martin Ave. Bld 5 - #2 STUART FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Pat Ross 333 Martin Ave Bld 2 unit L STUART, FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Ivy Silverman 333 Martin Ave Bld 2 unit 8 STUART FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID Don Martin 333 Martin Ave Bld 2 unit 4 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

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:  **Patricia M. Ross - Treasurer** 4-24-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #