

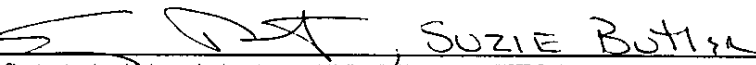
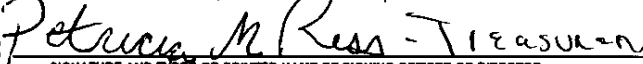


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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		Suite, Apt. #, etc. 202			
City & State STUART FL		City & State STUART FL			
Zip 34994		Zip 34994			
Country USA		Country USA		04252006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-1992887				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$6.75 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 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 <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, 2006		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 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	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	TD EGBERS, GELMER 1766 NW PALMETTO COURT STUART, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Karl Bentel 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	P AYDELOTTE, TOM 729 COLORADO AVE. STUART, FL 34994	<input checked="" type="checkbox"/> Delete	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	T AYDELOTTE, ALEX 729 COLORADO AVE. STUART, FL 34994	<input checked="" type="checkbox"/> Delete	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	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	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"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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:  Peter M. Ross - Treasurer 4-24-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					