


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 749992</b> 1. Entity Name IMPERIAL APARTMENTS ASSOCIATION, INC.	
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Principal Place of Business 955 SE FED HWY 202 STUART, FL 34994 US	Mailing Address 955 SE FED HWY 202 STUART, FL 34994 US
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**DO NOT WRITE IN THIS SPACE**



03072007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1992887	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  COASTAL MGMT 955 SE FED HWY 202 STUART, FL 34994
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEVEGLIS, MICHAEL 335 MARTIN AVE BLDG 3 UNIT 3 STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENTEL, KARL 353 MARTIN AVE BLDG 5 UNIT 2 STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSS, PAT 333 MARTIN AVE BLVD 2 STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SILVERMAN, IVY 333 MARTIN AVE BLD 2 UNIT 8 STUART, FL 34996 --
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, DON 333 MARTIN AVE BLDG 2 UNIT 4 STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000683594  
04/05/07-00051-014 61.25

**DO NOT WRITE IN THIS SPACE**

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:**  **3-26-07** **772 286 0030**

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