


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90019 031 \*\*\*\*61.25

**DOCUMENT # 749992**

1. Entity Name  
**IMPERIAL APARTMENTS ASSOCIATION, INC.**



Principal Place of Business  
 955 SE FED HWY  
 202  
 STUART, FL 34994 US

Mailing Address  
 955 SE FED HWY  
 202  
 STUART, FL 34994 US

**40048244**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02252008 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
**59-1992887**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**COASTAL MGMT**  
**955 SE FED HWY 202**  
**STUART, FL 34994**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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	P NEVEGLIS, MICHAEL 335 MARTIN AVE BLDG 3 UNIT 3 STUART, FL 34996	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENTEL, KARL 353 MARTIN AVE BLDG 5 UNIT 2 STUART, FL 34996	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSS, PAT 333 MARTIN AVE BLVD 2 STUART, FL 34996	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SILVERMAN, IVY 333 MARTIN AVE BLD 2 UNIT 8 STUART, FL 34996	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, DON 333 MARTIN AVE BLDG 2 UNIT 4 STUART, FL 34996	<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 LINDY CHAVES 333 MARTIN AVE, UNIT 3-3 STUART, FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JANA RONAN 333 MARTIN AVE, UNIT 5-3 STUART, FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	333 MARTIN AVE, UNIT 1-L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOEL RONAN 333 MARTIN AVE, UNIT 5-3 STUART, FL 34996	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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:**  **STEPHEN MACDONALD, LCAM** **2/25/08** **772-286-0030**

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