

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 25, 2009
Secretary of State**

DOCUMENT# 749992

Entity Name: IMPERIAL APARTMENTS ASSOCIATION, INC.

Current Principal Place of Business:

955 SE FED HWY
202
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

955 SE FED HWY
202
STUART, FL 34994 US

New Mailing Address:

FEI Number: 59-1992887 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COASTAL MGMT
955 SE FED HWY 202
STUART, FL 34994 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHAVES, LINDY
Address: 333 MARTIN AVE UNIT 3-3
City-St-Zip: STUART, FL 34996

Title: VP () Delete
Name: RONAN, JANA
Address: 333 MARTIN AVE UNIT 5-3
City-St-Zip: STUART, FL 34996

Title: TD () Delete
Name: ROSS, PAT
Address: 333 MARTIN AVE UNIT 1-L
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: MARTIN, DON
Address: 333 MARTIN AVE BLDG 2 UNIT 4
City-St-Zip: STUART, FL 34996

Title: SD () Delete
Name: RONAN, JOEL
Address: 333 MARTIN AVE UNIT 5-3
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: RONAN, JOEL
Address: 333 MARTIN AVE 5-3
City-St-Zip: STUART, FL 34996

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: FERGUSON, ERIC
Address: 333 MARTIN AVE UNIT 3-4
City-St-Zip: STUART, FL 34996

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZIE BUTLER

LCAM

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date