

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749992

FILED  
Apr 06, 2011  
Secretary of State

**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  
Name: CHAVES, LINDY  
Address: 333 MARTIN AVE UNIT 3-3  
City-St-Zip: STUART, FL 34996

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

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

Title: S  
Name: NEVEGLIS, MICHAEL  
Address: 333 MARTIN AVE BLDG 2 UNIT 4  
City-St-Zip: STUART, FL 34996

Title: D  
Name: EGBERS, GJ  
Address: 333 MARTIN AVE UNIT 1-B  
City-St-Zip: STUART, FL 34996

I hereby 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 all other like empowered.

SIGNATURE: LINDAY CHAVES

P

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date