

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90093 004 ****61.25

DOCUMENT # 749992

1. Entity Name

IMPERIAL APARTMENTS ASSOCIATION, INC.



Principal Place of Business

**2149 E OCEAN BLVD
STUART FL 34996
US**

Mailing Address

**PO BOX 2393
STUART FL 34995
US**

22004147



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

729 Colorado Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

4. FEI Number **59-1992887**

Applied For

Not Applicable

Zip

34994

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AYDELOTTE, TOM
2149 EAST OCEAN BLVD
STUART FL 34995**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

729 Colorado Ave.

City

Stuart

FL

Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	ALLEN, DOLORES	
STREET ADDRESS	175 ST LUCIE BLVD #D-5	
CITY-ST-ZIP	STUART FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EGBERS, GELMER	
STREET ADDRESS	1766 NW PALMETTO COURT	
CITY-ST-ZIP	STUART FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	AYDELOTTE, TOM	
STREET ADDRESS	2149 E OCEAN BLVD	
CITY-ST-ZIP	STUART FL 34996	
TITLE	T	<input type="checkbox"/> Delete
NAME	AYDELOTTE, ALEX	
STREET ADDRESS	2149 E OCEAN BLVD	
CITY-ST-ZIP	STUART FL 34996	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Tom Aydelotte* 1/29/03 772-223-3646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR