


**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90011 045 \*\*\*\*70.00

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

<b>DOCUMENT # 751170</b>					
1. Entity Name IMPERIAL OAKS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O COMMUNITY ACCOUNTING & MANAGEMENT 40347 US 19 NORTH, STE. 129 TARPON SPRINGS, FL 34689 US			Mailing Address C/O COMMUNITY ACCOUNTING & MANAGEMENT 40347 US 19 NORTH, STE. 129 TARPON SPRINGS, FL 34689 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-2086507			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPOONSTER, JANET K COMMUNITY ACCTG & MGMT. 40347 US 19 NORTH, SUITE 129 TARPON SPRINGS, FL 34689			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, PAT			NAME	
STREET ADDRESS	3045 EASTLAND BLVD., #C202			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33761			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YONTECH, BARBARA			NAME	
STREET ADDRESS	3038 EASTLAND BLVD., #F-110			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33761			CITY-ST-ZIP	
TITLE	DST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, ROXANNE			NAME	
STREET ADDRESS	3042 EASTLAND BLVD., #H202			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33761			CITY-ST-ZIP	
TITLE	DP	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, EDWARD			NAME	KELLY, JAMES
STREET ADDRESS	3048 EASTLAND BLVD, #C208			STREET ADDRESS	3038 EASTLAND BLVD, F108
CITY-ST-ZIP	CLEARWATER, FL 33761			CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: 3/21/2007 Daytime Phone: #					