2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State

1. Entity Name IMPERIAL PLACE CONDOMINIUM ASSOCIATION OF SARASOTA COUNTY, INC.						0	4-18-2005 9	0286 04	l ****61.	.25
Principal Place of Business MA-CON, INC 2198 PRINCETON ST. #20 SARASOTA, FL 34237 Mailing Address MA-CON, INC 2198 PRINCETON ST. #2 SARASOTA, FL 34237 Mailing Address MA-CON, INC 2198 PRINCETON ST. #2 SARASOTA, FL 34237										
2. Principal Place of Business PROGRESSIVE Community Mantine Progressive Community Mant										
Suite, Apt. #, etc. Suite, Apt. #, etc.						00040005	Chg-NP	CB2E03	7 (10/03)	
1801 GLENGARY STREET			-1801 GLENIGARY STREET City & State			4. FEI Number		O IELOC	· · · ·	plied For
SARASOTA FL			SARASOTA FL 3		3	59-19905	12			ot Applicable
Zip 3423	Zip Country 34231 U.S.A		^{Zip} 34231		5. Certificate of Statu		Status Desired		\$8.75 Add	
6. Name and Address of Current Reg			gistered Agent			7. Name and Ad	Idress of New R			
WEIL, WARREN MA-CON, INC 2198 PRINCETON ST., #20 SARASOTA, FL 34237					Name PROGRESSIVE COMMUNITY MANAGEMENT INC. Street Address (P.O. Box Number is Not Acceptable) 1801 GLENGARY STREET					
37(3301A, 1E 3423)				ŀ	City AQAs	FL Zip Code				
8. The above named entity submits this statement for the purpose of changing its registered office or registe							in the State of Flo		1 342 amiliar with,	
the obligat	tions of registered agent.	a /)//			- 100			,		
SIGNATURE		rankel	.	<u>ال</u>		RKEL		4/1	<u>5/05</u>	
1	Signature, types or printed name of i	registered agent and title if i	annlicable (NO1	E: Registered	Agent signature require	d when reinstation)		DATE	-	
										
	Filing Fee is \$61.29 Due by May 1, 2009	5	9. Election Ca Trust Fund	mpaign Fir	nancing on.	\$5.00 May Be Added to Fees	Flori	ida Depart	payable to	tate
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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: