


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90304 046 ****61.25

DOCUMENT # 752644			
1. Entity Name IMPERIAL PLACE CONDOMINIUM ASSOCIATION OF SARASOTA COUNTY, INC.			
Principal Place of Business PROGRESSIVE COMMUNITY MGMT, INC 1801 GLENGARY ST SARASOTA, FL 34231 US		Mailing Address PROGRESSIVE COMMUNITY MGMT, INC 1801 GLENGARY ST SARASOTA, FL 34231 US	
2. Principal Place of Business Argus Property Mgmt Suite, Apt. #, etc. 118A City & State Sarasota, FL Zip 34231 Country Sarasota		3. Mailing Address 2477 Stickney Pt Rd Suite, Apt. #, etc. 118A City & State Sarasota, FL Zip 34231 Country Sarasota	
5012006 Chg-NP CR2E037 (4/06)		4. FEI Number 59-1990512 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 PROGRESSIVE COMMUNITY MGMT, INC 1801 GLENGARY ST SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name Argus Property Mgmt Street Address (P.O. Box Number is Not Acceptable) 2477 Stickney Pt Rd Suite 118A City Sarasota FL Zip Code 34231	
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 _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD NAME PELUSO, MICHELLE STREET ADDRESS 5518 SWIFT RD CITY-ST-ZIP SARASOTA, FL 34231	<input type="checkbox"/> Delete	TITLE D NAME Paul Merten STREET ADDRESS 5452 Swift CITY-ST-ZIP Sarasota FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE AT NAME SUTTON, BILL STREET ADDRESS 1801 GLENGARY ST CITY-ST-ZIP SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete	TITLE Secretary NAME Greg Schurawel STREET ADDRESS 5534 Swift CITY-ST-ZIP Sarasota, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME HALL, PATRICIA STREET ADDRESS 5416 SWIFT ROAD CITY-ST-ZIP SARASOTA, FL 34231	<input type="checkbox"/> Delete	TITLE PD NAME Michelle Peluso STREET ADDRESS 5901 nutmeg Ave CITY-ST-ZIP SARASOTA FL 34231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MURI, JANICE STREET ADDRESS 5460 SWIFT RD CITY-ST-ZIP SARASOTA, FL 34231	<input type="checkbox"/> Delete	TITLE D NAME Janice Muri STREET ADDRESS 5460 Swift Rd CITY-ST-ZIP SARASOTA FL 34231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AS NAME MARKEL, JIM STREET ADDRESS 1801 GLENGARY ST CITY-ST-ZIP SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Michelle Peluso President</u>		Date: <u>4/29/05</u> Daytime Phone #: <u>941-780-1475</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			