


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

02-16-2007 90036 039 ****61.25

DOCUMENT # 752644			
1. Entity Name IMPERIAL PLACE CONDOMINIUM ASSOCIATION OF SARASOTA COUNTY, INC.			
Principal Place of Business ARGUS PROPERTY MGMT 118A SARASOTA FL 34231 US		Mailing Address 2477 STICKNEY PT RD 118A SARASOTA FL 34231 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 59-1990512		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 ARGUS PROPERTY MGMT 2477 STICKNEY PT RD SUITE 118A SARASOTA FL 34231		7. Name and Address of New Registered Agent Name: <u>CC: IMP</u> Street Address (P.O. Box Number is Not Applicable): <u>5532 Swift Rd</u> City: <u>Sarasota</u> FL Zip Code: <u>34231</u>	
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: <u>Michelle Peluso President</u>		DATE: <u>4/10/07</u>	
FILE NOW: 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: PD NAME: PELUSO, MICHELLE STREET ADDRESS: 5518 SWIFT RD CITY-ST-ZIP: SARASOTA FL 34231	<input checked="" type="checkbox"/> Delete	TITLE: Director NAME: James Wolfson STREET ADDRESS: 5915 Wilshire Blvd CITY-ST-ZIP: Sarasota FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: MERTEN, PAUL STREET ADDRESS: 5452 SWIFT CITY-ST-ZIP: SARASOTA FL 34231	<input checked="" type="checkbox"/> Delete	TITLE: Director NAME: Stevenborn STREET ADDRESS: 6452 Bridle Lane CITY-ST-ZIP: Highland MI 48356	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: SCHURAWEL, MICHELLE STREET ADDRESS: 5901 NUTMEG AVE CITY-ST-ZIP: SARASOTA FL 34231	<input type="checkbox"/> Delete	TITLE: Treasurer NAME: Patricia Bell STREET ADDRESS: 5416 Swift Rd CITY-ST-ZIP: Sarasota, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: PELUSO, MICHELLE STREET ADDRESS: 5901 NUTMEG AVE CITY-ST-ZIP: SARASOTA FL 34231	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MURI, JANICE STREET ADDRESS: 5460 SWIFT RD CITY-ST-ZIP: SARASOTA FL 34231	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		<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 Section 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>4/10/07</u> 944926 4473	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	