

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769307 (0)
1. Corporation Name
IMPERIAL PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1801 VILLAGE CT.
MULBERRY FL 33860

Mailing Address
1801 VILLAGE CT.
MULBERRY FL 33860

3. Date Incorporated or Qualified
07/11/1983

3a. Date of Last Report
08/14/1995

4. FEI Number
59-2884697

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 1829 Village Ct.
Suite, Apt. #, etc.
22

2a. Mailing Address
26 1829 Village Ct.
Suite, Apt. #, etc.
27

City & State
23 Mulberry, FL
Zip
24 33860

Country
25 USA

City & State
28 Mulberry, FL
Zip
29 33860

Country
30 USA

JALANIVCH, DEWEY
1801 VILLAGE CT.
MULBERRY FL 33860

10. Name and Address of New Registered Agent

81 Name
Dorothea M. McCullah

82 Street Address (P.O. Box Number is Not Acceptable)
1829 Village Ct

83

84 City
Mulberry

FL 85 Zip Code
33860

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Dorothea M. McCullah Dorothea M. McCullah, Treas. 6-10-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|---|----------------------|
| TITLE | PD | 1.1 TITLE | T.D |
| NAME | JALANIVCH, DEWEY | 1.2 NAME | Dorothea M. McCullah |
| STREET ADDRESS | 1801 VILLAGE CT. | 1.3 STREET ADDRESS | 1829 Village Ct |
| CITY-ST-ZIP | MULBERRY FL | 1.4 CITY-ST-ZIP | Mulberry, FL 33860 |
| TITLE | SD | 2.1 TITLE | S/D |
| NAME | JALANIVCH, MARGARET | 2.2 NAME | William Reid |
| STREET ADDRESS | 1801 VILLAGE CT. | 2.3 STREET ADDRESS | 1889 Village Ct. |
| CITY-ST-ZIP | MULBERRY FL | 2.4 CITY-ST-ZIP | Mulberry, FL 33860 |
| TITLE | TD | 3.1 TITLE | VD |
| NAME | CHASTAIN, TROY | 3.2 NAME | Bonnie Holloway |
| STREET ADDRESS | 333 WIBLE RD. | 3.3 STREET ADDRESS | 1804 Village Ct |
| CITY-ST-ZIP | BAKERSFIELD CA | 3.4 CITY-ST-ZIP | Mulberry, FL 33860 |
| TITLE | | 4.1 TITLE | VD |
| NAME | | 4.2 NAME | Norm Viens |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 1816 Village Ct. |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Mulberry, FL 33860 |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dorothea M. McCullah T.D. 6-10-96 941-646-6958
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)