FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(O)

IMPERIAL PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address 1829 VILLAGE CT. 1829 VILLAGE CT. MULBERRY FL 33860 MULBERRY FL 33860-9795 3. Date Incorporated or Qualified 07/11/1983 3a. Date of Last Report 06/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2884697 Applied For 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 20 30 Florida Statutes Yes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DOROTHA M. MCCULLAH 82 Street Address (P.O. Box Number is Not Acceptable) 1829 VILLAGE CT. 83 MULBERRY FL 33860 84 City 85 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1 TITLE Change Addition CHIFFORD 5. PAGE NAME JALANIVICH, DEWEY 1.2 NAME 1803 UILLAGE CT. 1801 VILLAGE CT. STREET ADORESS 1.3 STREET ADDRESS MULBERRY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP MULBERRY FL 33860 TITLE DELETE Change 21 TITLE Addition NAME DOROTHA M. MCCULLAH 2.2 NAME STREET ADDRESS 1829 VILLAGE CT. 2.3 STREET ADDRESS **MULBERRY FL** CITY-ST-ZIP 2.4 City-St-ZiP DELETÉ TITLE SD 3.1 TITLE Change Addition NAME WILLIAM REID 3.2 NAME 1889 VILLAGE CT. STREET ADDRESS 3.3 STREET ADDRESS **BAKERSFIELD CA** CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ۷D DELETE 4.1 TITLE Change Addition JUDY MARCIONE NAME **BONNIE HOLLOWAY** 4.2 NAME STREET ADDRESS 1804 VILLAGE CT. 1806 VILLACE CT. 4.3 STREET ADDRESS MULBERRY FL CITY-ST-ZIP MULBERRY FL 33860 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME **NORM VIENS** 5.2 NAME 1816 VILLAGE CT. STREET ADDRESS 5.3 STREET ADDRESS **MULBERRY FL** CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 61 TITLE Change ★ Addition

6.2 NAME

6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 he receiver or trustee impowered 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. 02/20/90

PICHARD STRAIGHT

1802 VILLAGE GT

FILED

Jul 30 1997 8:00am

Secretary of State