

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$235.25).

FILED
Oct 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **769307** (0)
1. Corporation Name
IMPERIAL PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1829 VILLAGE CT. MULBERRY FL 33880 US	Mailing Address 1829 VILLAGE CT. MULBERRY FL 33880 US
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3. Date Incorporated or Qualified 07/11/1983	4. FEI Number 59-2884697	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 1802 Village Court Suite, Apt. #, etc.	2a. Mailing Address 26 PO Box 78 Suite, Apt. #, etc.
City & State 23 Zip 24	City & State 28 Mulberry FL Zip 29 33860 Country 30 USA

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent DOROTHA M. MCCULLAH 1829 VILLAGE CT. MULBERRY FL 33880	10. Name and Address of New Registered Agent 81 Name RICHARD S STRAIGHT 82 Street Address (P.O. Box Number is Not Acceptable) 1802 Village Court 83 84 City Mulberry FL 85 Zip Code 33860
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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 **RICHARD S. Straight - Treasurer - Richard S Straight** 7/22/98
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 NAME STREET ADDRESS CITY-ST-ZIP	PD PAGE, CLIFFORD S 1803 VILLAGE CT MULBERRY FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Charlie Copes 1808 Village Court Mulberry FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOROTHA M. MCCULLAH 1829 VILLAGE CT. MULBERRY FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D DWIGHT WILLIAMS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAM REID 1809 VILLAGE CT. BAKERSFIELD CA <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MULBERRY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCIONE, JUDY 1808 VILLAGE CT MULBERRY FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD Marchione, Judy
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NORM VIENS 1810 VILLAGE CT. MULBERRY FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD HARRY GALLATIN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAIGHT, RICHARD 1802 VILLAGE CT MULBERRY FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD Straight, Richard

14. I 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 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: **Richard S Straight - RICHARD S STRAIGHT** 7/22/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)