



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90190 037 ****61.25

DOCUMENT # 769307					
1. Entity Name IMPERIAL PLACE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1802 VILLAGE COURT MULBERRY, FL 33860 US			Mailing Address P O BOX 78 MULBERRY, FL 33860 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2884697	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRAIGHT, RICHARD S 1802 VILLAGE COURT MULBERRY, FL 33860				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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					
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1857 VILLAGE CT		STREET ADDRESS		
CITY-ST-ZIP	MULBERRY, FL 33860		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	WILLIAMS, DWIGHT		STREET ADDRESS		
CITY-ST-ZIP	1829 VILLAGE CT. MULBERRY, FL		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PD BURY, MIKE		STREET ADDRESS	DIRECTOR	
CITY-ST-ZIP	1845 VILLAGE COURT MULBERRY, FL 33860		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D MARATEA, JEFF		STREET ADDRESS		
CITY-ST-ZIP	1814 VILLAGE COURT MULBERRY, FL 33860		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D LOUISE, BURY		STREET ADDRESS	PRESIDENT-DIRECTOR	
CITY-ST-ZIP	1845 VILLAGE COURT MULBERRY, FL 33860		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	TD STRAIGHT, RICHARD		STREET ADDRESS		
CITY-ST-ZIP	1802 VILLAGE CT MULBERRY, FL		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <i>Richard S Straight</i>			RICHARD S STRAIGHT		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 4/18/04 <small>Daytime Phone #</small> 619-3795		