

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90064 049 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Country

4. FEI Number

59-2884697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRAIGHT, RICHARD S
1802 VILLAGE COURT
MULBERRY FL 33860**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	HOLT, ALVIN	
STREET ADDRESS	1857 VILLAGE CT	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, DWIGHT	
STREET ADDRESS	1829 VILLAGE CT.	
CITY-ST-ZIP	MULBERRY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURY, MIKE	
STREET ADDRESS	1845 VILLAGE COURT	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARATEA, JEFF	
STREET ADDRESS	1814 VILLAGE COURT	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LOUISE, BURY	
STREET ADDRESS	1845 VILLAGE COURT	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STRAIGHT, RICHARD	
STREET ADDRESS	1802 VILLAGE CT	
CITY-ST-ZIP	MULBERRY FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, BRUCE	
STREET ADDRESS	1817 VILLAGE COURT	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(i), 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:

Louise M. Bury
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-8-05 (863) 409-9182