2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2007 8:00 am
Secretary of State
03-29-2007 90032 049 ****61.25

DOCUMENT # 769307

1. Entity Name

IMPERIAL PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
20000 E. EDGEWOOD DR SUITE 214 LAKELAND FL 33803 US	20000 E. EDGEWOOD DR SUITE 214 LAKELAND FL 33803 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / 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

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)

6309 RIVERLAKE COURT

City BARTOW **FL** Zip Code 33830

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 Kathy Reid, PRESIDENT
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, 2007

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 / NAME / STREET ADDRESS / CITY ST ZIP	D REID, KATHY 1889 VILLAGE CT MULBERRY FL 33860	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PRES. REID, KATHY 1889 VILLAGE CT. MULBERRY, FL 33860	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D WILLIAMS, DWIGHT 1827 VILLAGE CT MULBERRY FL 33860	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D. POPE, JAMES W. 1813 VILLAGE CT. MULBERRY, FL 33860	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D MARATEA, JEFF 1810 VILLAGE CT MULBERRY FL 33860	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D ELLIOTT, DENNIS 1814 VILLAGE CT. MULBERRY, FL 33860	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP JOHNSON, MICHAEL 1807 VILLAGE CT MULBERRY FL 33860	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD LOUISE, BURY 1845 VILLAGE COURT MULBERRY FL 33860	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D BURY, MIKE 1845 VILLAGE CT. MULBERRY, FL 33860	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	STD STRAIGHT, RICHARD 1802 VILLAGE CT MULBERRY FL 33860	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S/T STRAIGHT, RICHARD 6309 RIVERLAKE COURT BARTOW, FL 33830	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Kathy Reid, KATHY REID 3-15-07 863-647-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #