

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

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90092 021 ****61.25

DOCUMENT # N02000008307

1. Entity Name

THE IMPERIAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

10000 EAST BAY HARBOR TERR
BAY HARBOR ISLANDS FL 33154

% TMS
P.O. BOX 822431
PEMBROKE PINES FL 33082



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

1st MOORE

CR2E037 (10/06)

4. FEI Number

42-1558100

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

DURIS, NICK
1140 101 STREET
BAY HARBOR ISLANDS
FL FL 33154

401

Name **DURIS, NICK**

Street Address (P.O. Box Number is Not Acceptable)
1140 101 STREET #401

City

BAY HARBOR ISLANDS,

FL

Zip Code
33154

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 **Nick**

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
TR
HAYES, ELENA H
10000 BAY HARBOUR TER., UNIT 504-A
BAY HARBOR ISLAND FL 33154 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
HAYES, ELENA
10000 EAST BAY HARBOR TER, #504A
BAY HARBOR ISLAND FL 33154 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
DURIS, NICK
1140 101 ST., UNIT 302
BAY HARBOR ISLAND FL 33154 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
DURIS, NICK
1140 101 STREET #401
BAY HARBOR ISLANDS, FL 33154 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
CURLESS, DIANE
1140 101 STREET, 601
BAY HARBOR FL 33154 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
BHAMINI, FERRIS
10000 EAST BAY HARBOR TER
BAY HARBOR FL 33154 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
BHAMINI, FERRIS
10000 BAY HARBOR Terrace #304
BAY HARBOR ISLANDS, FL 33154 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
HAMMOND, PATRICIA
1140 101 STREET
BAY HARBOR FL 33154 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
HAMMOND, PATRICIA
1140 101 STREET #301
BAY HARBOR ISLANDS, FL 33154 ☒ 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4127107