2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000790

FILED Mar 02, 2006 Secretary of State

Entity Name: THE IMPERIAL OF PERDIDO KEY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

15000 EMERALD COAST PARKWAY 15000 EMERALD COAST PARKWAY

DESTIN, FL 32541 DESTIN, FL 32541

Current Mailing Address: New Mailing Address:

15000 EMERALD COAST PARKWAY 15000 EMERALD COAST PARKWAY

DESTIN, FL 32541 DESTIN, FL 32541 US

FEI Number: 20-2309128 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SALVATORI & WOOD, P.L 4001 TAMIAMI TRAIL NORTH SUITE 330 NAPLES, FL 34103 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition BECNEL, DAMON R BECNEL, DAMON R Name: Name:

15000 EMERALD COAST PARKWAY Address: 15000 EMERALD COAST PARKWAY Address:

City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541 US

Title: VD () Delete Title: VD (X) Change () Addition

BECNEL, MARK Name: BECNEL, MARK Name:

Address: 15000 EMERALD COAST PARKWAY Address: 15000 EMERALD COAST PARKWAY

City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541 US

Title: STD () Delete Title: STD (X) Change () Addition OLSEN, RODNEY Name: BECNEL, SARA Name:

15000 EMERALD COAST PARKWAY 15000 EMERALD COAST PARKWAY Address: Address:

City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAMON R. BECNEL PD 03/02/2006