

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000001200

1. Entity Name
IMESON PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
**3001 PONCE DE LEON BLVD
#200
CORAL GABLES, FL 33134 US**

Mailing Address
**3001 PONCE DE LEON BLVD
#200
CORAL GABLES, FL 33134 US**



01242005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3446875

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARKER, EARL M JR
334 EAST DUVAL ST.
JACKSONVILLE, FL 32202-2178**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	WEBB, DANIEL B
STREET ADDRESS	3600 VINELAND RD, #101
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	VSD
NAME	MAXEY, WIRT T
STREET ADDRESS	3001 PONCE DE LEON BLVD, SUITE 200
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	WEBB, WILLIAM C JR
STREET ADDRESS	1300 N.W. 167TH ST
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	MAXEY, REBECCA A
STREET ADDRESS	3001 PONCE DE LEON BLVD. #200
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	AS
NAME	BARKER, EARL M JR
STREET ADDRESS	334 EAST DUVAL STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	GROVES, GRAHAM
STREET ADDRESS	2801 PONCE DE LEON BLVD., #1080
CITY-ST-ZIP	CORAL GABLES, FL 33134

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IN THIS SPACE**

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02/09/05-80055-005 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/05

Date

305-446-7666

Daytime Phone #