

**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
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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 <input type="checkbox"/>	\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

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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:  **2/4/05** **305-446-7666**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 WIRT T. MAXEY VSD