

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 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**



01102007 No Chg-NP CR2E037 (4/06)

**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, 2007**

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

U00000598627  
01/24/07-80083-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

**WIRT T. MAXEY, VSD**

1/17/07 305-446-7666

Date Daytime Phone #