

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **734524** (2)
1. Corporation Name
IMPERIAL LAKES COMMUNITY SERVICES ASSOCIATION I, I NC.



Principal Place of Business Mailing Address
5050 S FLORIDA AVE BOX 5983 LAKELAND FL 33813-2510
5050 S FLORIDA AVE BOX 5983 LAKELAND FL 33813-2510

2. Principal Place of Business 2a. Mailing Address
21. State, Apt. #, etc. 26. State, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

3. Date Incorporated or Qualified 12/05/1975 3a. Date of Last Report 05/01/1995
4. FEI Number 59-1902131 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ALCOTT, ROGER A.
4172 STONEHEDGE
MULBERRY FL 33880

10. Name and Address of New Registered Agent
81. Name (same)
82. Street Address (P.O. Box Number is Not Acceptable) 2910 Winter Lake Road
83.
84. City Lakeland FL 85. Zip Code 33803

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Roger A Alcott* 2/16/96
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT (PRINT) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RILEY, JACK	
STREET ADDRESS	5000 COOPERTONE CIR.	
CITY-STATE-ZIP	MULBERRY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ALCOTT, ROGER A.	
STREET ADDRESS	4172 STONEHEDGE	
CITY-STATE-ZIP	MULBERRY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KATES, ELMER G	
STREET ADDRESS	3029 BROWN FEATHER LANE	
CITY-STATE-ZIP	MULBERRY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITION OF CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		Williams, Keith	
1.3 STREET ADDRESS		4435 Old Colony Rd.	
1.4 CITY-STATE-ZIP		Mulberry, FL	
2.1 TITLE	D	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		Wood, Larry	
2.3 STREET ADDRESS		4405 Old Colony Rd.	
2.4 CITY-STATE-ZIP		Mulberry, FL	
3.1 TITLE	TD	Director/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		Alcott, Roger A.	
3.3 STREET ADDRESS		2910 Winter Lake Rd	
3.4 CITY-STATE-ZIP		Lakeland, FL 33803	
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-STATE-ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-STATE-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-STATE-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Roger A Alcott sety/taeus* 2/16/96 (21) 665-2344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE)

CR2E037 (12/95)