

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90230 039 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734524

1. Corporation Name

IMPERIALAKES COMMUNITY SERVICES ASSOCIATION I, I NC.

Principal Place of Business 5060 S FLORIDA AVE BOX 5983 LAKELAND FL 33803-5983 I.C.S.A. Phase I Inc.	Mailing Address 5060 S FLORIDA AVE BOX 5983 LAKELAND FL 33803-5983 Imperialakes C.S.A. I
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2. Principal Place of Business 21 P.O. BOX 5983 5983 Suite, Apt. #, etc. 22 City & State 23 Lakeland FL Zip Country 24 33807 5983 25 POLK	2a. Mailing Address 26 p.o. box 5983 Suite, Apt. #, etc. 27 City & State 28 Lakeland Zip Country 29 33807 5983 30 POLK	3. Date Incorporated or Qualified 12/05/1975	4. FEI Number 59-1902131 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent ALCOTT, ROGER A. 2910 WINTERLAKE ROAD LAKELAND FL 33803	10. Name and Address of New Registered Agent 81 Name Karl E. Kaufman 82 Street Address (P.O. Box Number is Not Acceptable) XXXXXX 4217 Stonehenge Rd. 83 Mulberry, fl. 33860 84 City XXXXXX Mulberry, FL 85 Zip Code 33860 XXXXXX
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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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *Karl E. Kaufman* DATE: 2/26/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME WILLIAMS, KEITH STREET ADDRESS 4435 OLD COLONY RD. CITY-ST-ZIP MULBERRY FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME Karl e. Kaufman 1.3 STREET ADDRESS 4217 Stonehenge Rd. 1.4 CITY-ST-ZIP Mulberry, FL 33860 33860	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME ALCOTT, ROGER A. STREET ADDRESS 2910 WINTERLAKE RD CITY-ST-ZIP LAKELAND FL 33803	<input checked="" type="checkbox"/> DELETE	2.1 TITLE TD 2.2 NAME Jennifer James Chadwick 2.3 STREET ADDRESS 4037 Stonehenge Rd. 2.4 CITY-ST-ZIP Mulberry FL 33860	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME BROWN, RONALD STREET ADDRESS 3008 WOODSONG COURT CITY-ST-ZIP MULBERRY FL	<input type="checkbox"/> DELETE	3.1 TITLE VPD 3.2 NAME Same 3.3 STREET ADDRESS BROWN, RONALD 3008 Woodsong Court 3.4 CITY-ST-ZIP Mulberry, FL 33860	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Karl E. Kaufman* DATE: 2/26/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time/Phone #

CR2E037 (1/98)