FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01193 (4)

1. Corporation Name

IMPERIAL LAKES ESTATES HOMEOWNERS ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
OLIVER M. MOSHER 100 IMPERIAL GOLF COURSE BLVD. PALMETTO FL 33561	5519-B HANKY RD TAMPA FL 33634 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1984
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2373226 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANCHOR PROPERTY MANAGEMENT, INC.
5519-B HANLEY RD
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	DS	11 TITLE	P	☒ Change ☐ Addition
NAME	HALL, KEN	12 NAME	Bob Swift	
STREET ADDRESS	8309 IMPERIAL GOLF CRS. BLVD	13 STREET ADDRESS	8449 Imperial Cir	
CITY-ST-ZIP	PALMETTO FL	14 CITY-ST-ZIP	Palmetto Fl 34221	
TITLE	DT	21 TITLE	T	☒ Change ☐ Addition
NAME	SWIFT BOB	22 NAME	Bob Lemmer	
STREET ADDRESS	8317 IMPERIAL GOLF COURSE BLVD	23 STREET ADDRESS	8459 Imperial Cir	
CITY-ST-ZIP	PALMETTO FL	24 CITY-ST-ZIP	Palmetto Fl 34221	
TITLE	DP	31 TITLE	D	☒ Change ☐ Addition
NAME	DONOVAN DON	32 NAME	Lloyd Robertson	
STREET ADDRESS	8219 IMPERIAL LAKES GOLF COURSE	33 STREET ADDRESS	8559 Imperial Cir	
CITY-ST-ZIP	PALMETTO FL	34 CITY-ST-ZIP	Palmetto Fl 34221	
TITLE		41 TITLE	D	☒ Change ☐ Addition
NAME		42 NAME	James Provost	
STREET ADDRESS		43 STREET ADDRESS	8488 Imperial Cir	
CITY-ST-ZIP		44 CITY-ST-ZIP	Palmetto Fl 34221	
TITLE		51 TITLE	D	☒ Change ☐ Addition
NAME		52 NAME	Roland Chugg	
STREET ADDRESS		53 STREET ADDRESS	8432 Imperial Cir	
CITY-ST-ZIP		54 CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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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)(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.

SIGNATURE: Robert E Lemmer Robert E. Lemmer 4/19/95 813-723-1265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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