

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **N05624** (4)
1. Corporation Name
IMPERIAL WILDERNESS CONDOMINIUM ASSOCIATION, INC

95 JUN 13 AM 10:13

Principal Place of Business Mailing Address
14100 E. TAMiami TRAIL 14100 E. TAMiami TRAIL
NAPLES FL 33961 NAPLES FL 33961

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 3a. Date of Last Report
10/11/1984 01/25/1994
4. FEI Number Applied For
59-2649305 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
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
PUFFER, KEITH
14100 E. TAMiami TRAIL
NAPLES FL 33961

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME KUNK, GEORGE
STREET ADDRESS 14100 E. TAMiami TRAIL
CITY-ST-ZIP NAPLES FL 33961
TITLE VD
NAME POLLARD, HERBERT L
STREET ADDRESS 14100 E. TAMiami TRAIL
CITY-ST-ZIP NAPLES FL 33961
TITLE TD
NAME HARDING, FRANK
STREET ADDRESS 14100 E. TAMiami TRAIL
CITY-ST-ZIP NAPLES FL
TITLE SD
NAME GILFEDDER, CAROLE
STREET ADDRESS 14100 E. TAMiami TRAIL
CITY-ST-ZIP NAPLES FL
TITLE D
NAME MCLELLAN, WAYNE
STREET ADDRESS 14100 E. TAMiami TRAIL
CITY-ST-ZIP NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PRESIDENT Change Addition
1.2 NAME HERB POLLARD
1.3 STREET ADDRESS 14100 E TAMiami TRAIL
1.4 CITY-ST-ZIP NAPLES FL 33961
2.1 TITLE 1ST VICE PRESIDENT Change Addition
2.2 NAME AL CRAIG
2.3 STREET ADDRESS 14100 E TAMiami TRAIL
2.4 CITY-ST-ZIP NAPLES FL 33961
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE 2ND VICE PRESIDENT Change Addition
5.2 NAME HENRY Ziegler
5.3 STREET ADDRESS 14100 E TAMiami TRAIL
5.4 CITY-ST-ZIP NAPLES FL 33961
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 110.07(3)(a), 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: Henry Ziegler Date: 6-7-95 (941) 793-6220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (System Issue 2)