

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



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

3. Date Incorporated or Qualified **10/11/1984** 3a. Date of Last Report **06/13/1995**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2649305	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 34114	Country 25	29 34114	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PUFFER, KEITH 14100 E. TAMiami TRAIL NAPLES FL 33961				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		11 TITLE	SVP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	POLLARD, HERB			12 NAME	JOSEPH ROSS		
STREET ADDRESS	14100 E. TAMiami TRAIL			13 STREET ADDRESS	14100 E. TAMiami TRAIL		
CITY-ST-ZIP	NAPLES FL			14 CITY-ST-ZIP	NAPLES, FL 34114		
TITLE	FVP	<input checked="" type="checkbox"/> DELETE		21 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CRAIG, AL			22 NAME	ANTHONY HOBBS		
STREET ADDRESS	14100 E. TAMiami TRAIL			23 STREET ADDRESS	14100 E. TAMiami TRAIL		
CITY-ST-ZIP	NAPLES FL			24 CITY-ST-ZIP	NAPLES, FL 34114		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		31 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HARDING, FRANK			32 NAME	ROBERT KING		
STREET ADDRESS	14100 E. TAMiami TRAIL			33 STREET ADDRESS	14100 E. TAMiami TRAIL		
CITY-ST-ZIP	NAPLES FL			34 CITY-ST-ZIP	NAPLES, FL 34114		
TITLE	SD	<input type="checkbox"/> DELETE		41 TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILFEDDER, CAROLE			42 NAME			
STREET ADDRESS	14100 E. TAMiami TRAIL			43 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			44 CITY-ST-ZIP			
TITLE	SVP	<input type="checkbox"/> DELETE		51 TITLE	FVP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZIEGLER, HENRY			52 NAME			
STREET ADDRESS	14100 E. TAMiami TRAIL			53 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE	200001847382	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME	-06/03/96--01023--021		
STREET ADDRESS				63 STREET ADDRESS	***61.25		
CITY-ST-ZIP				64 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 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 if changed, or on an attachment with an address.

SIGNATURE: Carole M Gilfedder 4/23/96 (941) 795 6220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
05 511196

CR2E037 (12/95)