

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 13 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N05624 (4)**  
 1. Corporation Name  
**IMPERIAL WILDERNESS CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business <b>14100 E. TAMiami TRAIL NAPLES FL 34114</b>	Mailing Address <b>14100 E. TAMiami TRAIL NAPLES FL 34114-8434</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>10/11/1984</b>	3a. Date of Last Report <b>05/01/1996</b>
21	26	4. FEI Number <b>59-2649305</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

PUFFER, KEITH 14100 E. TAMiami TRAIL NAPLES FL 33981		81. Name		
		82. Street Address (P.O. Box Number is Not Acceptable)		
		83.		
		84. City	<b>FL</b>	85. Zip Code <b>34114</b>

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	SVPD ROSS, JOSEPH <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SVPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSS, JOSEPH	1.2 NAME	LEWIS UHRICH
STREET ADDRESS	14100 E. TAMiami TRAIL	1.3 STREET ADDRESS	14100 E. TAMiami TRAIL
CITY - ST - ZIP	NAPLES FL 34114	1.4 CITY - ST - ZIP	NAPLES, FL 34114
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOBBS, ANTHONY	2.2 NAME	LEO BURLISON
STREET ADDRESS	14100 E. TAMiami TRAIL	2.3 STREET ADDRESS	14100 E. TAMiami TRAIL
CITY - ST - ZIP	NAPLES FL 34114	2.4 CITY - ST - ZIP	NAPLES, FL 34114
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, ROBERT	3.2 NAME	
STREET ADDRESS	14100 E. TAMiami TRAIL	3.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 34114	3.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	GILFEDDER, CAROLE	4.2 NAME	
STREET ADDRESS	14100 E. TAMiami TRAIL	4.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 34114	4.4 CITY - ST - ZIP	
TITLE	FVPD <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	ZIEGLER, HENRY	5.2 NAME	
STREET ADDRESS	14100 E. TAMiami TRAIL	5.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 34114	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *[Signature]* **REQUIRED** **4.30.97**

CR2E037 (9/96)