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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05624

1. Corporation Name
IMPERIAL WILDERNESS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business 14100 E. TAMiami TRAIL NAPLES FL 34114	Mailing Address 14100 E. TAMiami TRAIL NAPLES FL 34114
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/11/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2649305
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

9. Name and Address of Current Registered Agent

**BROCK, HERBERT
 BECKER & POLIAKOFF
 3003 TAMiami TRAIL N., SUITE 210
 NAPLES FL 34103**

10. Name and Address of New Registered Agent

81 Name
Steven Falk

82 Street Address (P.O. Box Number is Not Acceptable)
Roetzel & Address

83
850 Park Shore Dr.

84 City
Naples, FL 85 Zip Code
34103

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 *[Signature]* DATE **3/29/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	FVPD	<input checked="" type="checkbox"/> DELETE
NAME	UHRICH, LEWIS	
STREET ADDRESS	14100 E. TAMiami TRAIL	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KAST, HENRY	
STREET ADDRESS	14100 E TAMiami TR	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RANCILIO, ROBERT	
STREET ADDRESS	14100 E TAMiami TR	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GILFEDDER, CAROLE	
STREET ADDRESS	14100 E. TAMiami TRAIL	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE	SVPD	<input checked="" type="checkbox"/> DELETE
NAME	MCINTYRE, JOHN	
STREET ADDRESS	14100 E TAMiami TR	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Davis-Mertz, Peggy	
1.3 STREET ADDRESS	14100 E. Tamiami Tr.	
1.4 CITY-ST-ZIP	Naples, FL 34114	
2.1 TITLE	FVPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SVPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Donato, Carl	
5.3 STREET ADDRESS	14100 E. Tamiami Tr.	
5.4 CITY-ST-ZIP	Naples, FL 34114	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *[Signature]* DATE: **3/20/99** DAYTIME PHONE: **941-774-4691**

SIGNATURE REQUIRED

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)