

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90089 005 ****61.25

0072858

DOCUMENT # N05624

1. Entity 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

00023430



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2649305

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FALK, STEVEN
 ROETZEL & ANDRESS
 850 PARK SHORE DR.
 NAPLES FL 34103**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	DAVIS-MERTZ, PEGGY	14100 E. TAMiami TRAIL	NAPLES FL 34114	<input type="checkbox"/>	<input type="checkbox"/>
FVPD	SCOLLAY, JOHN	14100 E TAMiami TR	NAPLES FL 34114	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	ARPRANO, MARIE	14100 E. TAMiami TR	NAPLES FL 34114	<input type="checkbox"/>	<input type="checkbox"/>
SD	GILFEDDER, CAROLE	14100 E. TAMiami TRAIL	NAPLES FL 34114	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SVPD	HASTE, THOMAS	14100 E. TAMiami TR.	NAPLES FL 34114	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marie Arprano* **SIGNATURE REQUIRED** *Marie Arprano* 2/15/01 94-793-6220
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)