

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90083 046 ****61.25

DOCUMENT # N05624

1. Entity Name

IMPERIAL WILDERNESS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

14100 E. TAMIAMI TRAIL
 NAPLES FL 34114

14100 E. TAMIAMI TRAIL
 NAPLES FL 34114

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



DO NOT WRITE IN THIS SPACE

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS-MERTZ, PEGGY 14100 E. TAMIAMI TRAIL NAPLES FL 34114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition #247
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCOLLAY, JOHN 14100 E TAMIAMI TR NAPLES FL 34114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD Burleson, Leo 14100 E. Tamiami Tr. #110 Naples, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARPRANO, MARIE 14100 E. TAMIAMI TR NAPLES FL 34114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition #112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD GILFEDDER, CAROLE 14100 E. TAMIAMI TRAIL NAPLES FL 34114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FVPD LEONARD MIZEROWSKI 14100 E. TAMIAMI TR. #489 NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVPD HASTE, THOMAS 14100 E. TAMIAMI TR. NAPLES FL 34114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SVPD #332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marie Arprano 3/1/02
 Date Daytime Phone #

CR2E037 (9/01)