

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90019 007 ****61.25

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

02122004 Chg-NP CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	FVD	<input type="checkbox"/> Delete
NAME	GOSS, FRANK	
STREET ADDRESS	14100 E. TAMiami TR. #33	
CITY-ST-ZIP	NAPLES, FL 34114	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BURLESON, LEO	
STREET ADDRESS	14100 E. TAMiami TR #110	
CITY-ST-ZIP	NAPLES, FL 34114	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ARPRANO, MARIE	
STREET ADDRESS	14100 E. TAMiami TR. #112	
CITY-ST-ZIP	NAPLES, FL 34114	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MIZEROWSKI, LEONARD	
STREET ADDRESS	14100 E. TAMiami TR. #489	
CITY-ST-ZIP	NAPLES, FL 34114	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	DONATO, CHRISTOPHER	
STREET ADDRESS	14100 E. TAMiami TRAIL #520	
CITY-ST-ZIP	NAPLES, FL 34114	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Scollay, John	
STREET ADDRESS	14100 E. Tamiami Tr. #269	
CITY-ST-ZIP	Naples, FL 34114	

TITLE	SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	FVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, Treas.* 2/13/04

793-6220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date-time Phone