


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90016 039 ****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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



01252005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent FALK, STEVEN ROETZEL & ANDRESS 850 PARK SHORE DR. NAPLES, FL 34103		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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4. FEI Number 59-2649305	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD GOSS, FRANK <input checked="" type="checkbox"/> Delete 14100 E. TAMiami TR. #33 NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARPRANO, MARIE <input type="checkbox"/> Delete 14100 E. TAMiami TR. #112 NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIZEROWSKI, LEONARD <input checked="" type="checkbox"/> Delete 14100 E. TAMiami TR. #489 NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCOLLAY, JOHN <input type="checkbox"/> Delete 14100 E. TAMiami TR #269 NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVD Donato, Christopher <input type="checkbox"/> Delete 14100 E. Tamiami Tr. #520 Naples, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Weil, David <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14100 E. Tamiami Tr. #15 Naples, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVD Wilson, Donald <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14100 E. Tamiami Tr. #490 Naples, FL 34114

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 Marie Arprano 1/29/05 (239) 793-6220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #