

**2008 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

08 APR 25 PH 12: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04222008 Chg-NP CR2E037 (12/06)

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 - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-2649305	Applied For Not Applicable		
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		(NOTE: Registered Agent signature required when reinstating)		DATE			
Signature, typed or printed name of registered agent and title if applicable.							
Amended AR is \$61.25		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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEVRIES, JACK 14100 E. TAMIAMI TR. 326 NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Caldwell, Dale 14100 E. Tamiami Tr. #93 Naples, FL 34114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, LINDA 14100 E. TAMIAMI TR., 301 NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Gilfedder, Carole 14100 E. Tamiami Tr. #500 Naples, FL 34114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ROGERS, CARMEN 14100 E TAMIAMI TRL 536 NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD Allen, Jean 14100 E. Tamiami Tr. #292 Naples, FL 34114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVD LINDSEY, DANIEL 14100 E. TAMIAMI TR., 401 NAPLES, FL 34114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 000128777590 05/07/08--01041--021 **61.25	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIRSCHFELD, FRED 14100 E TAMIAMI TRL 352 NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVD Baker, Greg 14100 E. Tamiami Tr. #215 Naples, FL 34114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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 exemptions contained in Chapter 119, 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: <i>Daniel Lindsey</i>		4/23/08		Date			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			