

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05624

FILED
Jan 19, 2009
Secretary of State

Entity Name: IMPERIAL WILDERNESS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

14100 E. TAMIAMI TRAIL
NAPLES, FL 34114

New Principal Place of Business:

Current Mailing Address:

14100 E. TAMIAMI TRAIL
NAPLES, FL 34114

New Mailing Address:

FEI Number: 59-2649305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FALK, STEVEN
ROETZEL & ADDRESS
850 PARK SHORE DR.
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: CALDWELL, DALE
Address: 14100 E. TAMIAMI TRAIL #93
City-St-Zip: NAPLES, FL 34114

Title: TD () Delete
Name: GILFEDDER, CAROLE
Address: 14100 E. TAMIAMI TRAIL #500
City-St-Zip: NAPLES, FL 34114

Title: SVD () Delete
Name: ALLEN, JEAN
Address: 14100 E. TAMIAMI TRAIL #292
City-St-Zip: NAPLES, FL 34114

Title: PD () Delete
Name: LINDSEY, DANIEL
Address: 14100 E. TAMIAMI TR., 401
City-St-Zip: NAPLES, FL 34114

Title: FVD () Delete
Name: BAKER, GREG
Address: 14100 E. TAMIAMI TRAIL #215
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVD (X) Change () Addition
Name: HICKS, MARIE
Address: 14100 E. TAMIAMI TRAIL #225
City-St-Zip: NAPLES, FL 34114

Title: PD (X) Change () Addition
Name: LINDSAY, DANIEL
Address: 14100 E. TAMIAMI TR., 401
City-St-Zip: NAPLES, FL 34114

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL LINDSAY

PD

01/19/2009

Electronic Signature of Signing Officer or Director

Date