

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90073 049 \*\*\*\*61.25

**DOCUMENT # N05624**



1. Entity Name  
**IMPERIAL WILDERNESS CONDOMINIUM ASSOCIATION, INC**

**90016352**



CHECK HERE IF MAKING CHANGES

Principal Place of Business      Mailing Address  
**14100 E. TAMIAMI TRAIL**      **14100 E. TAMIAMI TRAIL**  
**NAPLES FL 34114**      **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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS-MERTZ, PEGGY	
STREET ADDRESS	14100 E TAMIAMI TRAIL #247	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE	SD	<input 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	ARRPRANO, MARIE	
STREET ADDRESS	14100 E. TAMIAMI TR. #112	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE	FVD	<input type="checkbox"/> Delete
NAME	MIZEROWSKI, LEONARD	
STREET ADDRESS	14100 E. TAMIAMI TR. #489	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE	SVD	<input checked="" type="checkbox"/> Delete
NAME	HASTE, THOMAS	
STREET ADDRESS	14100 E. TAMIAMI TR. #332	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	FVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Goss, Frank	
STREET ADDRESS	14100 E. Tamiami Tr. #35	
CITY-ST-ZIP	Naples, FL 34114	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donato, Christopher	
STREET ADDRESS	14100 E. Tamiami Tr. #520	
CITY-ST-ZIP	Naples, FL 34114	
TITLE		<input type="checkbox"/> Change <input 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 Arrprano* **Marie Arrprano** 1/29/03 239-793-6220

CR2E037 (10/02)