

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N16150** (7)

1. Corporation Name
IMPERIAL GOLF CLUB, INC.



Principal Place of Business: **1808 IMPERIAL GOLF COURSE BLVD NAPLES FL 33942**
Mailing Address: **1808 IMPERIAL GOLF COURSE BLVD NAPLES FL 33942**

3. Date Incorporated or Qualified: **07/07/1986**
3a. Date of Last Report: **03/29/1995**
4. FEI Number: **59-1425712**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FORD KIM J
1808 IMPERIAL GOLF COURSE BLVD
NAPLES FL 33942**

81 Name: **DARCY A. MOE**
82 Street Address (P.O. Box Number is Not Acceptable): **1808 IMPERIAL GOLF COURSE BLVD.**
83
84 City: **NAPLES** FL 85 Zip Code: **33942**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Darcy A. Moe* **DARCY A. MOE, CONTROLLER** 4/22/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOYLE, RICHARD J.	1.2 NAME	ROBERT THOMAS
STREET ADDRESS	4296 SANCTUARY WAY	1.3 STREET ADDRESS	13055 CASTLE HARBOUR DR. K-12
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	NAPLES, FL 33942
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PECHT, WILLIAM G.	2.2 NAME	MARTIN A. FRITZ
STREET ADDRESS	1987 IMPERIAL GOLF COURSE BLVD	2.3 STREET ADDRESS	1909 PRINCESS COURT
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES, FL 33942
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARIED JOHN C	3.2 NAME	
STREET ADDRESS	5555 HERON PT DR #502	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, KEMP A.	4.2 NAME	KEMP A. WRIGHT
STREET ADDRESS	13009 PARK TREE CT	4.3 STREET ADDRESS	13009 PARK TREE CT.
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	NAPLES, FL 33942
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURCIO THOMAS H	5.2 NAME	
STREET ADDRESS	1525 WEYBRIDGE CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAK, THOMAS L.	6.2 NAME	
STREET ADDRESS	2008 DUKE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert Thomas* **ROBERT THOMAS**

4/22/96 941-597-8165
Date Daytime Phone #

CR2E037 (12/95)