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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34110-1010

3. Date Incorporated or Qualified: 07/07/1986
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business (21-23) and Mailing Address (2a-23) fields with sub-fields for Suite, City & State, Zip, and Country.

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: [X] Yes [] No

9. Name and Address of Current Registered Agent
DARCY A. MOE
1808 IMPERIAL GOLF COURSE BLVD
NAPLES FL 33942

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL 34110

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 4/16/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	ROBERT THOMAS	
STREET ADDRESS	13055 CASTLE HARBOUR DR K-12	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	DELETE
NAME	MARTIN A. FRITZ	
STREET ADDRESS	1909 PRINCESS COURT	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	DELETE
NAME	HARIED JOHN C	
STREET ADDRESS	5555 HERON PT DR #502	
CITY-ST-ZIP	NAPLES FL	
TITLE	VT	DELETE
NAME	WRIGHT, KEMP A.	
STREET ADDRESS	13009 PARK TREE CT	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	DELETE
NAME	CURCIO THOMAS H	
STREET ADDRESS	1525 WEYBRIDGE CIRCLE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	DELETE
NAME	DIAK, THOMAS L.	
STREET ADDRESS	2008 DUKE DR	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	S/D	Change	Addition
3.2 NAME	Carl J. Dargene		
3.3 STREET ADDRESS	2221 Noble Court		
3.4 CITY-ST-ZIP	Naples, FL 34110		
4.1 TITLE	V/T/D	Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	D	Change	Addition
5.2 NAME	Edmund A. McNulty		
5.3 STREET ADDRESS	2143 Imperial Circle		
5.4 CITY-ST-ZIP	Naples, FL 34110		
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 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 4/16/97 941-597-8165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0059876

CR2E037 (9/96)