


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

**FILED**

**May 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N16150 (7)**

1. Corporation Name  
**IMPERIAL GOLF CLUB, INC.**



Principal Place of Business <b>1809 IMPERIAL GOLF COURSE BLVD NAPLES FL 34110 US</b>	Mailing Address <b>1808 IMPERIAL GOLF COURSE BLVD NAPLES FL 33942</b>
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3. Date Incorporated or Qualified  
**07/07/1986**

4. FEI Number  
**59-1425712**

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30
<b>34110</b>	

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**DARCY A. MOE  
1808 IMPERIAL GOLF COURSE BLVD  
NAPLES FL 34110**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PD</b>	<input checked="" type="checkbox"/>
NAME	<b>ROBERT THOMAS</b>	
STREET ADDRESS	<b>13055 CASTLE HARBOUR DR K-12</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>MARTIN A. FRITZ</b>	
STREET ADDRESS	<b>1909 PRINCESS COURT</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/>
NAME	<b>DARGENE, CARL J</b>	
STREET ADDRESS	<b>2221 NOBLE COURT</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/>
NAME	<b>WRIGHT, KEMP A.</b>	
STREET ADDRESS	<b>13009 PARK TREE CT</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>M McNULTY, EDMUND A</b>	
STREET ADDRESS	<b>2143 IMPERIAL CIR.</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>DIAK, THOMAS L.</b>	
STREET ADDRESS	<b>2008 DUKE DR</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>VD</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>JOHN F. MARRS</b>		
1.3 STREET ADDRESS	<b>2207 MAJESTIC COURT S.</b>		
1.4 CITY - ST - ZIP	<b>NAPLES, FL 34110</b>		
2.1 TITLE	<b>TD</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>EUGENE G. CHIARAMONTE</b>		
2.3 STREET ADDRESS	<b>2205 MAJESTIC COURT S.</b>		
2.4 CITY - ST - ZIP	<b>NAPLES, FL 34110</b>		
3.1 TITLE	<b>SD</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	<b>JAMES L. BURKE</b>		
3.3 STREET ADDRESS	<b>2044 PRINCE DRIVE</b>		
3.4 CITY - ST - ZIP	<b>NAPLES, FL 34110</b>		
4.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE	<b>D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	<b>C. RONALD BACH</b>		
6.3 STREET ADDRESS	<b>1945 PRINCESS COURT</b>		
6.4 CITY - ST - ZIP	<b>NAPLES, FL 34110</b>		

14. 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 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: *Eugene G. Chiaramonte* **4/22/98** 941-597-8165

CR2E037 (10/97)