# 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 # **734524** **(2)**

1. Corporation Name

**IMPERIALAKES COMMUNITY SERVICES ASSOCIATION I, I NC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5050 S FLORIDA AVE<br>BOX 5983 03-5983<br>LAKELAND FL 33813-2510 | 5050 S FLORIDA AVE<br>BOX 5983 03-5983<br>LAKELAND FL 33813-2510 |

3. Date Incorporated or Qualified: **12/05/1975**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-1902131** ☐ Applied For ☐ Not Applicable

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

**9. Name and Address of Current Registered Agent**

ALCOTT, ROGER A.
4172 STONEHENGE
MULBERRY FL 33860

**10. Name and Address of New Registered Agent**

81 Name (same)
82 Street Address (P.O. Box Number is Not Acceptable) 2910 Winter Lake Road
83
84 City Lakeland **FL** 85 Zip Code 33803

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 Roger A Alcott — 2/6/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when name changed.) Date

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| 1 TITLE | D | ☑ DELETE | 1 TITLE D | President / Director | ☐ Change ☑ Addition |
| NAME | RILEY, JACK | | 2 NAME | Williams, Keith | |
| STREET ADDRESS | 5000 COOPERTONE CIR. | | 3 STREET ADDRESS | 4435 Old Colony Rd. | |
| CITY-ST-ZIP | MULBERRY FL | | 4 CITY-ST-ZIP | Mulberry, FL. | |
| TITLE | TD | ☐ DELETE | 2 TITLE D | Director | ☐ Change ☑ Addition |
| NAME | ALCOTT, ROGER A. | | 2 NAME | Wood, Larry | |
| STREET ADDRESS | 4172 STONEHENGE | | 3 STREET ADDRESS | 4405 Old Colony Rd. | |
| CITY-ST-ZIP | MULBERRY FL | | 4 CITY-ST-ZIP | Mulberry, FL. | |
| TITLE | D | ☑ DELETE | 3 TITLE TD | Director / Treas. / Secty | ☐ Change ☑ Addition |
| NAME | KATES, ELMER G | | 3 NAME | Alcott, Roger A. | |
| STREET ADDRESS | 3029 BROWN FEATHER LANE | | 3 STREET ADDRESS | 2910 Winter Lake Rd | |
| CITY-ST-ZIP | MULBERRY FL | | 4 CITY-ST-ZIP | Lakeland, FL 33803 | |
| TITLE | | ☐ DELETE | 4 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4 NAME | | |
| STREET ADDRESS | | | 4 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5 NAME | | |
| STREET ADDRESS | | | 5 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6 NAME | | |
| STREET ADDRESS | | | 6 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6 CITY-ST-ZIP | | |

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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:** Roger A Alcott sec'y/treas 2/6/96 (941)665-2344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/4/96