

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

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

Zip

Country

24

25

29

30

4. FEI Number

59-1425712

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

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
Signature, typed or printed name of registered agent and title if applicable

DARCY A. MOE, CONTROLLER

4/22/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
	DOYLE, RICHARD J.	4296 SANCTUARY WAY	BONITA SPRINGS FL	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
	PECHT, WILLIAM G.	1987 IMPERIAL GOLF COURSE BLVD	NAPLES FL	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	HARIED JOHN C	5555 HERON PT DR #502	NAPLES FL	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	WRIGHT, KEMP A.	13009 PARK TREE CT	NAPLES FL	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	CURCIO THOMAS H	1525 WEYBRIDGE CIRCLE	NAPLES FL	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	DIAM, THOMAS L.	2008 DUKE DR	NAPLES FL	

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	P	ROBERT THOMAS	13055 CASTLE HARBOUR DR. K-12	
		NAPLES, FL 33942		
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	D	MARTIN A. FRITZ	1909 PRINCESS COURT	
		NAPLES, FL 33942		
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	V/T	KEMP A. WRIGHT	13009 PARK TREE CT.	
		NAPLES, FL 33942		
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT THOMAS

4/22/96

941-592-8165

Date

Daytime Phone #

CR2E037 (12/95)