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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734524

1. Corporation Name

IMPERIALAKES COMMUNITY SERVICES ASSOCIATION I. I NC.

Principal Place of Business	Mailing Address
5050 S FLORIDA AVE BOX 5983 LAKELAND FL 33803-5983 I.C.S.A. Phaseil Inc.	5050 S FLORIDA AVE BOX 5983 LAKELAND FL 33803-5983 Imperialakes C.S.A. 1

2. Principal Place of Business 21 P.O. BOX [illegible] 5983	2a. Mailing Address 26 p.o. box 5983	3. Date Incorporated or Qualifed 12/05/1975	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1902131	Applied For Not Applicable
City & State 23 Lakeland FL	City & State 28 Lakeland	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 33807 5983 25 POLK	Zip / Country 29 33807 5983 30 POLK	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PD ALCOTT, ROGER A. 2910 WINTERLAKE ROAD LAKELAND FL 33803	81 Name: Karl E. Kaufman 82 Street Address (P.O. Box Number is Not Acceptable): 4217 Stonehenge Rd. 83: Mulberry, fl.33860 84 City: Mulberry, FL 85 Zip Code 33860

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: Karl E. Kaufman DATE: 2/26/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILLIAMS, KEITH 4435 OLD COLONY RD. MULBERRY FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD President Karl e. Kaufman 4217 Stonehenge Rd. Mulberry, Fl 33860 33860	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALCOTT, ROGER A. 2910 WINTERLAKE RD LAKELAND FL 33803	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TD Jennifer James Chadwick 4037 Stonehenge Rd. Mulberry Fl 33860	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BROWN, RONALD 3008 WOODSONG COURT MULBERRY FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VPD Same BROWN, RONALD 3008 Woodsong Court Mulberry, Fl 33860	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — Date: 2/26/99 — Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR