

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16150

FILED  
Feb 17, 2010  
Secretary of State

**Entity Name:** IMPERIAL GOLF CLUB, INC.

**Current Principal Place of Business:**

1808 IMPERIAL GOLF COURSE BLVD  
NAPLES, FL 34110 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 111809  
NAPLES, FL 34108 US

**New Mailing Address:**

**FEI Number:** 59-1425712

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MATTSSON, KATHI  
1808 IMPERIAL GOLF COURSE BLVD.  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HEISTAD, JOHN  
Address: 2358 CHESHIRE LANE  
City-St-Zip: NAPLES, FL 34109

Title: D  
Name: WHITE, ROGER  
Address: 1914 COUNTESS COURT  
City-St-Zip: NAPLES, FL 34110

Title: D  
Name: KUCHLER, RICHARD  
Address: 5964 PELICAN BAY 422  
City-St-Zip: NAPLES, FL 34108

Title: SD  
Name: HALULA, JOHN  
Address: 2047 IMPERIAL CIR  
City-St-Zip: NAPLES, FL 34110

Title: D  
Name: STRUCKY, MICHAEL  
Address: 1785 SUPREME COURT  
City-St-Zip: NAPLES, FL 34110

Title: D  
Name: GUNDAKER, ROBERT  
Address: 13060 HAMILTON HARBOR  
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN HEISTAD

PD

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date