2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 734524** 1. Entity Name

FILED Apr 03, 2003 8:00 am Secretary of State

| IMPERIALAKES COMMUNITY SERVICES ASSOCIATION I, I NC. | | | | | 04-03-2003 90109 013 ****61.25 | | | |
|--|--|--|--|---|---------------------------------------|-----------------|-------------------------------|--|
| Principal Place of Business P.O. BOX 5983 LAKELAND FL 33807-5983 | | Mailing Address P.O. BOX 5983 LAKELAND FL 33807-5983 | | i 1881/1 1888 I | lith Bibbl Child lich Bibl Dibli âlâl | KÍ AKAN ANAN AN | ERI BORNI (BBI | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING | G CHANGES | | |
| City & State | | City'& State | | 4. FE! Number 5 | 4. FE! Number 59-1902131 | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of S | | | 8.75 Additional ee Required | |
| | 6. Name and Address of Current | Registered Agent | | | fress of New Registered | Agent | | |
| | | | | Name | | | | |
| | n, Karl e Onehenge RD | | Street Address | | (P.O. Box Number is Not Acceptable) | | | |
| MULBERRY FL 33860 | | | | | | | | |
| | , |) . | City | | FL | | | |
| | named entity submits this statement for | or the purpose of changing its regi | stered office or r | registered agent, or both, in | the State of Florida. I am | familiar with | , and accept | |
| the obligati | 11/5 | | | | 21 | 25/0 | 2 | |
| SIGNATURE . | Signature, biped or plinted name of registered age | and title if whiteship (NOTE: Box | istored Apont pionatur | e required when reinstating) | Date. | 23/0 | <u> </u> | |
| | Signature, or parties marrie our egistered agen | and the II applicable. (NOTE: Neg | Stereo Agent signator | o rodali oo waxaa aa | 3,1 | | | |
| FILE NOW: FEE IS \$61.25 9. Election Campai Trust Fund Contr | | | | \$5.00 May Be Added to Fees | Make Chec Florida Depar | | | |
| 10. | OFFICERS AND DI | RECTORS | 11. | ADDITIONS/CHANG | ES TO OFFICERS AND D | RECTORS II | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Kaufman, Karl E 4217 Stonehenge RD Mulberry Fl 33860 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition 6 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BRAMLEY, MARYON 4195 OLD COLONY RD MULBERRY FL 33860 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD-ACTING- BROWN, RO 3008 WOOD | NALD SONG COURT 1-1-1-338-6 | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD BROWN, RONALD 3008 WOODSONG COURT MULBERRY FL 33860 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MULBERRY BROWN, RONG 3008 WOODS MULBERRY, | ACO ONG COURT FL 33860 | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | castile that the information supplied with | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | lorida Statutas I further ce | Change | Addition | |

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate another 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 trusted empowered to execute this eport as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment withyan address, with all other like empowered.

SIGNATURE:

3/25/03 863 125 3886