

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734524

**Entity Name:** IMPERIALAKES COMMUNITY SERVICES ASSOCIATION I, INC.

**FILED**  
**Feb 12, 2019**  
**Secretary of State**  
**4937100796CC**

**Current Principal Place of Business:**

IMPERIALAKES COMMUNITY SERVICE ASSOCIATION PHASE 1, INC.  
PO BOX 5983  
LAKELAND, FL 33807-5983

**Current Mailing Address:**

IMPERIALAKES COMMUNITY SERVICE ASSOCIATION PHASE 1, INC.  
PO BOX 5983  
LAKELAND, FL 33807-5983 US

**FEI Number: 59-1902131**

**Certificate of Status Desired: No**

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

HUGHES, THOMAS E  
3265 CROSS FOX  
MULBERRY, FL 33860 US

*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:** THOMAS E HUGHES

02/12/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HUGHES, TOM  
Address        3265 CROSS FOX DRIVE  
City-State-Zip: MULBERRY FL 33860

Title            TREASURER  
Name            HOFFMAN, MICHAEL .  
Address        5024 ROCK GLEN TURN  
City-State-Zip: MULBERRY FL 33860

Title            SECRETARY  
Name            LINDEMANN, DIANE  
Address        4030 OLD COLONY RD  
City-State-Zip: MULBERRY FL 33860

*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:** MICHAEL HOFFMAN

**TREASURER**

02/12/2019

Electronic Signature of Signing Officer/Director Detail

Date