

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734524

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

**FILED**  
**Mar 06, 2022**  
**Secretary of State**  
**7110719757CC**

**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:**

REGISTERED AGENTS INC.  
7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702 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:** BILL HAVRE

03/06/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HOFFMAN, MICHAEL  
Address        IMPERIALAKES COMMUNITY  
                  SERVICE ASSOCIATION PHASE 1,  
                  INC.  
                  PO BOX 5983  
City-State-Zip: LAKELAND FL 33807-5983

Title            TREASURER  
Name            CHRISTENSEN, P L  
Address        IMPERIALAKES COMMUNITY  
                  SERVICE ASSOCIATION PHASE 1,  
                  INC.  
                  PO BOX 5983  
City-State-Zip: LAKELAND FL 33807-5983

Title            SECRETARY  
Name            CHRISTENSEN, P L  
Address        IMPERIALAKES COMMUNITY  
                  SERVICE ASSOCIATION PHASE 1,  
                  INC.  
                  PO BOX 5983  
City-State-Zip: LAKELAND FL 33807-5983

Title            VP  
Name            VARGAS, OLIVIA  
Address        IMPERIALAKES COMMUNITY  
                  SERVICE ASSOCIATION PHASE 1,  
                  INC.  
                  PO BOX 5983  
City-State-Zip: LAKELAND FL 33807-5983

*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

**PRESIDENT**

03/06/2022

Electronic Signature of Signing Officer/Director Detail

Date