

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734524

**FILED  
Apr 20, 2016  
Secretary of State  
CC0956515761**

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

**Current Principal Place of Business:**

4217 STONEHENGE RD.  
MULBERRY, FL 33860

**Current Mailing Address:**

4217 STONEHENGE RD.  
MULBERRY, FL 33860

**FEI Number:** 59-1902131

**Certificate of Status Desired:** No

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

KAUFMAN, KARL E  
4217 STONEHENGE RD  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD	Title	TD
Name	KAUFMAN, KARL E	Name	HOFFMAN, MICHAEL .
Address	4217 STONEHENGE RD	Address	5024 ROCK GLEN TURN
City-State-Zip:	MULBERRY FL 33860	City-State-Zip:	MULBERRY FL 33860
Title	VPD		
Name	FOSTER, RICHARD E. II		
Address	4002 STONEHENGE 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:** KARL E KAUFMAN

PD

04/20/2016

Electronic Signature of Signing Officer/Director Detail

Date