

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734524

Entity Name: IMPERIALAKES COMMUNITY SERVICES ASSOCIATION I, INC.**FILED**
Feb 26, 2023
Secretary of State
6089010641CC**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**02/26/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	HOFFMAN, MICHAEL 863-440-3565
Address	5024 ROCK GLEN TURN
City-State-Zip:	MULBERRY FL 33860

Title	SECRETARY
Name	LEE, LISA
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	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****02/26/2023**

Electronic Signature of Signing Officer/Director Detail

Date