

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734524

**Entity Name:** IMPERIALAKES COMMUNITY SERVICES ASSOCIATION I, INC.**FILED**  
**Mar 11, 2021**  
**Secretary of State**  
**7707536911CC****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****03/11/2021**

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****03/11/2021**

Electronic Signature of Signing Officer/Director Detail

Date