

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734524

Entity Name: IMPERIALAKES COMMUNITY SERVICES ASSOCIATION I, INC.

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

03/26/2020

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

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

03/26/2020

Electronic Signature of Signing Officer/Director Detail

Date