I hereby certify that the information indicated on this report or supplemental report is true an oath; that I am an officer or director of the corporation or the receiver or trustee empowered above, or on an attachment with all other like empowered.		
SIGNATURE: KARL E KAUFMAN	PD	04/23/2014

## SIGNATURE: KARL E KAUFMAN

Electronic Signature of Signing Officer/Director Detail

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.

## Electronic Signature of Registered Agent

City-State-Zip: MULBERRY FL 33860

SIGNATURE:

Officer/Dire	ctor Detail :		
Title	PD	Title	TD
Name	KAUFMAN, KARL E	Name	KATES, ELMER G.
Address	4217 STONEHENGE RD	Address	3039 BLOWN FEATHER L
City-State-Zip:	MULBERRY FL 33860	City-State-Zip:	MULBERRY FL 33860
Title	VPD		
Name	FOSTER, RICHARD E. II		
Address	4002 STONEHENGE RD.		

FEI Number: 59-1902131 Name and Address of Current Registered Agent:

KAUFMAN, KARL E 4217 STONEHENGE RD MULBERRY, FL 33860 US

**Current Principal Place of Business:** 4217 STONEHENGE RD. MULBERRY, FL 33860

**Current Mailing Address:** 4217 STONEHENGE RD. MULBERRY, FL 33860

**DOCUMENT# 734524** 

## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: IMPERIALAKES COMMUNITY SERVICES ASSOCIATION I, INC.

Certificate of Status Desired: No

Date

04/23/2014

Date

FILED Apr 23, 2014 Secretary of State CC3831203108