

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

DOCUMENT# 747306

**Entity Name:** IMPERIAL GOLF ESTATES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**9150 GALLERIA COURT SUITE 201  
NAPLES , FL 34109**Current Mailing Address:**9150 GALLERIA COURT SUITE 201  
NAPLES, FL 34109 US**FEI Number:** 59-1918084**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SANDCASTLE COMMUNITY MANAGEMENT  
9150 GALLERIA COURT SUITE 201  
NAPLES , FL 34109 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:** TRAVOR LUTZ

02/08/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HARRUFF, TOM  
Address        9150 GALLERIA COURT SUITE 201  
City-State-Zip: NAPLES FL 34109

Title            DIRECTOR  
Name            NESSLING , TOM  
Address        9150 GALLERIA COURT SUITE 201  
City-State-Zip: NAPLES FL 34109

Title            VP  
Name            TOTH, SCOTT  
Address        9150 GALLERIA COURT SUITE 201  
City-State-Zip: NAPLES FL 34109

Title            TREASURER  
Name            SOCEY, EILEEN  
Address        9150 GALLERIA COURT SUITE 201  
City-State-Zip: NAPLES FL 34109

Title            SECRETARY  
Name            MUGFORD, MARTHA  
Address        9150 GALLERIA COURT SUITE 201  
City-State-Zip: NAPLES FL 34109

Title            DIRECTOR  
Name            KEATING, PATRICK  
Address        9150 GALLERIA COURT SUITE 201  
City-State-Zip: NAPLES FL 34109

Title            DIRECTOR  
Name            CASTALDINI, DAN  
Address        9150 GALLERIA COURT SUITE 201  
City-State-Zip: NAPLES FL 34109

*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:** TOM HARRUFF

PRESIDENT

02/08/2016

Electronic Signature of Signing Officer/Director Detail

Date