

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719817 (9)

1. Corporation Name

IMPERIAL SOUTHGATE VILLAS CONDOMINIUM ASSOCIATION, SECTION I

Principal Place of Business

Mailing Address

**VILLA #9 IMPERIAL SOUTHGATE
P.O. BOX 6444
LAKE LAND FL 33807-3444**

**VILLA #19 IMPERIAL SOUTHGATE
P.O. BOX 6444
LAKE LAND FL 33807-3444**



3. Date Incorporated or Qualified
12/08/1970

3a. Date of Last Report
02/09/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-1445545

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PION, MYRTLE
VILLA #19 IMPERIAL SOUTHGATE
LAELAND FL 33083**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **WADDELL, LANIS B.**
STREET ADDRESS **V119 IMPERIAL SG**
CITY- ST- ZIP **LAKE LAND FL**

1.1 TITLE **SD** ☐ Change ☒ Addition
1.2 NAME **Esther L. Diefenderfer**
1.3 STREET ADDRESS **V101 Imperial SG**
1.4 CITY- ST- ZIP **Lakeland, FL**

TITLE **PD** ☐ DELETE
NAME **FOUTS, NORMA**
STREET ADDRESS **VILLA 114 IMPERIAL SG**
CITY- ST- ZIP **LAKE LAND FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE **TD** ☐ DELETE
NAME **PION, MYRTLE**
STREET ADDRESS **VILLA 119 IMPERIAL SG**
CITY- ST- ZIP **LAKE LAND, FL 00000**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE **ATD** ☐ DELETE
NAME **SANTOPOLO, LUCILLE**
STREET ADDRESS **VILLA 112, IMPERIAL SG**
CITY- ST- ZIP **LAKE LAND, FL 00000**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE **RD** ☐ DELETE
NAME **WESTBURG, ROY**
STREET ADDRESS **V114 IMPERIAL SG**
CITY- ST- ZIP **LAKE LAND FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE **VPD** ☐ DELETE
NAME **John O. Stewart**
STREET ADDRESS **V131 Imperial SG**
CITY- ST- ZIP **Lakeland, FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **MYRTLE PION - Myrtle Pion**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/96
Date

(813) 646-8414
Daytime Phone #

CR2E037 (12/95)