FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** 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 19 IMPERIAL SOUTHGATE P.O. BOX 6444 LAKELAND FL 33807-3444	VILLA 19 IMPERIAL SOUTHGATE P.O. BOX 6444 LAKELAND FL 33807-6444

3. Date Incorporated or Qualified 12/08/1970	3a. Date of Last Report 01/25/1996

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1445545	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	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	SD	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	ESTHER L. DIEFENDERFER		1.2 NAME		
STREET ADDRESS	V101 IMPERIAL ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE *VPD*	☐ Change	☒ Addition
NAME	FOUTS, NORMA		2.2 NAME *BANKS, ELMER*		
STREET ADDRESS	VILLA 114 IMPERIAL SG		2.3 STREET ADDRESS *VILLA 154 IMPERIAL SG*		
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP *LAKELAND, FL*		
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME	PION, MYRTLE		3.2 NAME		
STREET ADDRESS	VILLA 119 IMPERIAL SG		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 00000		3.4 CITY-ST-ZIP		
TITLE	ATD	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME	SANTOPOLO, LUCILLE		4.2 NAME		
STREET ADDRESS	VILLA 112, IMPERIAL SG		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 00000		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME	WESTBURG, ROY		5.2 NAME		
STREET ADDRESS	V114 IMPERIAL SG		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME	JOHN O. STEWART		6.2 NAME		
STREET ADDRESS	V131 IMPERIAL SG		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone # 0052894