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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 719817

1. Corporation Name

IMPERIAL SOUTHGATE VILLAS CONDOMINIUM ASSOCIATION, SECTION 1

Principal Place of Business

VILLA 19 IMPERIAL SOUTHGATE
P.O. BOX 6444
LAKELAND FL 33807-3444

Mailing Address

VILLA 19 IMPERIAL SOUTHGATE
P.O. BOX 6444
LAKELAND FL 33807-3444



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 IMPERIAL SOUTHGATE VILLAS Suite, Apt. #, etc. P O BOX 6444	26 IMPERIAL SOUTHGATE VILLAS Suite, Apt. #, etc. P O BOX 6444	12/08/1970
22 City & State LAKELAND FL	27 City & State LAKELAND, FL	4. FEI Number 59-1445545
23 Zip 33807-6444	28 Country POLK	Applied For Not Applicable
24	25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
26	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PION, MYRTLE
VILLA 19 IMPERIAL SOUTHGATE
LAELAND FL 33083

10. Name and Address of New Registered Agent

81 **TIP**
82 ROY M. WESTBERG
83 114 IMPERIAL SOUTHGATE
84 LAKELAND, FL 33803-4681

85 Zip Code
33815

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

Roy M. Westberg

TREASURER

3/10/99

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FALLIN, PETE	1.2 NAME	ROBERT G. SMITH
STREET ADDRESS	V104 IMPERIAL SOUTHGATE	1.3 STREET ADDRESS	107 IMPERIAL SOUTHGATE
CITY-ST-ZIP	LAKELAND FL 33803	1.4 CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, OWEN D	2.2 NAME	ALICE TIDWELL
STREET ADDRESS	V129 IMPERIAL SOUTHGATE	2.3 STREET ADDRESS	132 IMPERIAL SOUTHGATE
CITY-ST-ZIP	LAKELAND FL 33803	2.4 CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRICK, ANN	3.2 NAME	
STREET ADDRESS	V102 IMPERIAL SOUTHGATE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000 33803	3.4 CITY-ST-ZIP	
TITLE	ATD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	AT/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTOPOLO, LUCILLE	4.2 NAME	KAREN SUAREZ
STREET ADDRESS	VILLA 112, IMPERIAL SG	4.3 STREET ADDRESS	217 HOWARD AVENUE
CITY-ST-ZIP	LAKELAND, FL 00000	4.4 CITY-ST-ZIP	LAKELAND, FL 33815
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WESTBURG, ROY	5.2 NAME	JOSEPH HAW
STREET ADDRESS	V114 IMPERIAL SG	5.3 STREET ADDRESS	109 IMPERIAL SOUTHGATE
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	PD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEWART, JOHN	6.2 NAME	DORIS SWANBERG
STREET ADDRESS	V131 IMPERIAL SOUTHGATE	6.3 STREET ADDRESS	121 IMPERIAL SOUTHGATE
CITY-ST-ZIP	LAKELAND FL 33803	6.4 CITY-ST-ZIP	LAKELAND, FL 33803

14. I 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, with all other like empowered.

SIGNATURE:

Robert G. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT G. SMITH

3/10/99

941-644-0064

Date

Daytime Phone #

CR2E037 (1/98)