

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90141 028 \*\*\*\*61.25

**DOCUMENT # 719817**

1. Entity Name

**IMPERIAL SOUTHGATE VILLAS CONDOMINIUM ASSOCIATIO**

Principal Place of Business

Mailing Address

**IMPERIAL SOUTHGATE VILLAS  
P.O. BOX 6444  
LAKELAND FL 33807-3444**

**IMPERIAL SOUTHGATE VILLAS  
P.O. BOX 6444  
LAKELAND FL 33807-3444**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1445545**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33807-6444**

**33807-6444**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WESTBERG, ROY M  
114 IMPERIAL SOUTHGATE  
LAELAND FL 33803-4681**

Name

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

City

**FL**

Zip Code

8. 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 **ROY M. WESTBERG**

T - D

*Roy M. Westberg*

1/20/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☐ Delete  
NAME **NEIDINGER, RUTH**  
STREET ADDRESS **115 IMPERIAL SOUTHGATE**  
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **P-D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☒ Delete  
NAME **SMITH, ROBERT G**  
STREET ADDRESS **107 IMPERIAL SOUTHGATE**  
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **S-D** ☐ Change ☒ Addition  
NAME **HELEN EDSCORN**  
STREET ADDRESS **107 IMPERIAL SOUTHGATE**  
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE **D** ☒ Delete  
NAME **FOUTS, NORMA**  
STREET ADDRESS **122 IMPERIAL SOUTHGATE**  
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **D** ☐ Change ☒ Addition  
NAME **CAROL HAW**  
STREET ADDRESS **109 IMPERIAL SOUTHGATE**  
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE **D** ☐ Delete  
NAME **HAVILAND, MARJORIE**  
STREET ADDRESS **116 IMPERIAL SOUTHGATE**  
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **STEWART, JOHN**  
STREET ADDRESS **131 IMPERIAL SOUTHGATE**  
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **PETERS, JOAN**  
STREET ADDRESS **103 IMPERIAL SOUTHGATE**  
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **VP-D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**RUTH A. NEIDINGER, PRESIDENT** *Ruth A. Neidinger*

1/20/01

**86-647-9150**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)