

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90179 030 ****61.25

DOCUMENT # 719817

1. Entity Name

IMPERIAL SOUTHGATE VILLAS CONDOMINIUM ASSOCIATION, SECTION I

Principal Place of Business

Mailing Address

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

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

766920



DO NOT WRITE IN THIS SPACE

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

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

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

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

TITLE **SD** ☐ Delete
NAME **EDSCORN, HELEN**
STREET ADDRESS **107 IMPERIAL SOUTHGATE**
CITY-ST-ZIP **LAKELAND FL 33803**

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

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

TITLE ☐ Change ☒ Addition
NAME **JUDY GATES**
STREET ADDRESS **135 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 **EDITHA HAWELL**
STREET ADDRESS **105 IMPERIAL SOUTHGATE**
CITY-ST-ZIP **LAKELAND FL 33803**

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

TITLE ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUTH A. NEIDINGER

Date

4/6/02 863-647-9150

Daytime Phone #

CR2E037 (9/01)