

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90174 045 ****61.25

DOCUMENT # 719817

1. Entity Name

**IMPERIAL SOUTHGATE VILLAS CONDOMINIUM
ASSOCIATION, SECTION I**



Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1445545

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**WESTBERG, ROY M
740 BARBER CIRCLE
LAKELAND FL 33803-2322**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Roy M. Westberg, Treasurer

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
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME NEIDINGER, RUTH
STREET ADDRESS 736 BARBER CIRCLE
CITY-ST-ZIP LAKELAND FL 33803

TITLE SD ☒ Delete
NAME GATES, JUDY
STREET ADDRESS 713 BARBER CIRCLE
CITY-ST-ZIP LAKELAND FL 33803

TITLE D ☐ Delete
NAME BARTOE, ALMA
STREET ADDRESS 722 BARBER CIRCLE
CITY-ST-ZIP LAKELAND FL 33803

TITLE VPD ☐ Delete
NAME SEXTON, SUZANNE
STREET ADDRESS 704 BARBER CIRCLE
CITY-ST-ZIP LAKELAND FL 33803

TITLE D ☐ Delete
NAME STEWART, JOHN
STREET ADDRESS 731 BARBER CIRCLE
CITY-ST-ZIP LAKELAND FL 33803

TITLE D ☐ Delete
NAME NOE, ALICA
STREET ADDRESS 777 BARBER CIRCLE
CITY-ST-ZIP LAKELAND FL 33803

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE SD ☐ Change ☒ Addition
NAME EDSCORN, HELEN
STREET ADDRESS 760 BARBER CIRCLE
CITY-ST-ZIP LAKELAND FL 33803

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

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

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

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 exemptions contained in Section 119, 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* *Ruth A. Neidinger* 2/20/06 863-647-9150