


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90057 015 \*\*\*\*61.25

<b>DOCUMENT # 719817</b>	
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

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number		Applied For
59-1445545		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WESTBERG, ROY M 740 BARBER CIRCLE LAKELAND FL 33803-2322		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD NEIDINGER, RUTH 736 BARBER CIRCLE LAKELAND FL 33803	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD EDSCORN, HELEN 760 BARBER CIRCLE LAKELAND FL 33803	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D BARTOE, ALMA 722 BARBER CIRCLE LAKELAND FL 33803	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPD SEXTON, SUZANNE 704 BARBER CIRCLE LAKELAND FL 33803	TITLE	VPD
NAME		NAME	GIBSON, SANDRA
STREET ADDRESS		STREET ADDRESS	710 BARBER CIRCLE
CITY-ST-ZIP		CITY-ST-ZIP	LAKELAND FL 33803
TITLE	D STEWART, JOHN 731 BARBER CIRCLE LAKELAND FL 33803	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D NOE, ALICA 777 BARBER CIRCLE LAKELAND FL 33803	TITLE	D
NAME		NAME	BANKS, ANN
STREET ADDRESS		STREET ADDRESS	731 BARBER CIRCLE
CITY-ST-ZIP		CITY-ST-ZIP	LAKELAND FL 33803

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: Roy M. Westberg ROY M. WESTBERG 01/31/2007 863-644-0669