FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **728801** **(2)**

1. Corporation Name

DEL PRADO IMPERIAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10895 DEL PRADO DRIVE. EAST LARGO FL 34644 US	10895 DEL PRADO DRIVE EAST LARGO FL 34644 US

3. Date Incorporated or Qualified: **02/13/1974**

3a. Date of Last Report: **03/20/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **23-7422283** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MEYER, KENNETH L.
10895 DEL PRADO DR., E.
LARGO FL 34694

10. Name and Address of New Registered Agent

81 Name: BOB CAMPISTRARO

82 Street Address (P.O. Box Number is Not Acceptable): 13523 CORDOVA DR

83:

84 City: LARGO FL 85 Zip Code: 34644

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: Robert C Camistraro — 5-28-96

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	P	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	CAMNISTRARO, BOB		12 NAME		
STREET ADDRESS	13523 CORDOVA DRIVE		13 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 34644		14 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	HART, DAVID		22 NAME		
STREET ADDRESS	13429 LAS PALMAS DRIVE		23 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 34644		24 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	31 TITLE	TD	☒ Change ☐ Addition
NAME	MEYER, KENNETH L.		32 NAME	Borgelt William	
STREET ADDRESS	10895 DEL PRADO DR. E.		33 STREET ADDRESS	13664 Serena Dr	
CITY-ST-ZIP	LARGO FL		34 CITY-ST-ZIP	Largo FL 34644	
TITLE	VPD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	LA HAIE, JIM		42 NAME		
STREET ADDRESS	13368 HACIENDA DRIVE		43 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 34644		44 CITY-ST-ZIP		
TITLE	D	☒ DELETE	51 TITLE		☒ Change ☐ Addition
NAME	PICKARD, CARL		52 NAME	300001854889	
STREET ADDRESS	13500 LAS PALMAS DRIVE		53 STREET ADDRESS	-06/07/96--01009--031	
CITY-ST-ZIP	LARGO FL 34644		54 CITY-ST-ZIP	***61.25	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

6-6-96 JR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Robert C Camistraro — 539-4437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)