
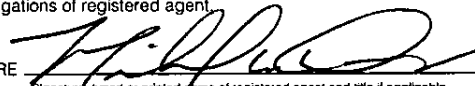
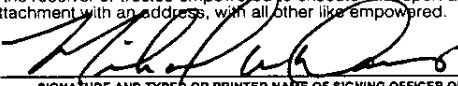


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90108 005 ****61.25

DOCUMENT # 734525					
1. Entity Name IMPERIALAKES COMMUNITY SERVICES ASSOCIATION II, INC.					
Principal Place of Business 162 WOOD HALL DR P.O. BOX 5008 MULBERRY, FL 33860			Mailing Address P O BOX 5008 LAKELAND, FL 33807 US		
2. Principal Place of Business - No P.O. Box # 59 MISTY MEADOW LN		3. Mailing Address P.O. Box 5008			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MULBERRY		City & State LAKELAND, FL		4. FEI Number 59-1902142	
Zip FL		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRINTON, CHARLES H 162 WOOD HALL DRIVE MULBERRY, FL 33860		7. Name and Address of New Registered Agent Name: MICHAEL W. DAVIS Street Address (P.O. Box Number is Not Acceptable): 207 WOODHALL DRIVE City: MULBERRY FL Zip Code: 33860			
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: 				DATE: 1-18-07	
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE P NAME TUCKER, MARILYN G STREET ADDRESS 14 MISTY MEADOW LN CITY-ST-ZIP MULBERRY, FL 33860	<input checked="" type="checkbox"/> Delete				
TITLE VP NAME MCMANN, MATHEW STREET ADDRESS 217 WOOD HALL DR CITY-ST-ZIP MULBERRY, FL 33860	<input type="checkbox"/> Delete				
TITLE S NAME DAVIS, MICHAEL STREET ADDRESS 207 WOOD HALL DR CITY-ST-ZIP MULBERRY, FL 33860	<input type="checkbox"/> Delete				
TITLE T NAME BRINTON, CHARLES STREET ADDRESS 162 WOOD HALL DR CITY-ST-ZIP MULBERRY, FL 33860	<input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE P NAME ROBERT PATE STREET ADDRESS 59 MISTY MEADOW LN CITY-ST-ZIP MULBERRY, FL 33860	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 				DATE: 1-17-07 813 685-5615	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					