

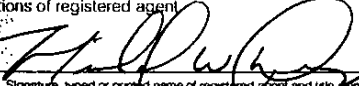
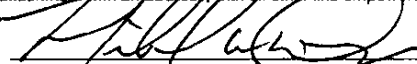


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90018 033 \*\*\*\*61.25

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # 734525</b><br>1. Entity Name<br><b>IMPERIALAKES COMMUNITY SERVICES ASSOCIATION II, INC.</b>  |   |   |  |   |  |
| Principal Place of Business<br><b>59 MISTY MEADOW LN<br/>LAKELAND, FL 33807</b>  |   |   | Mailing Address<br><b>P O BOX 5008<br/>LAKELAND, FL 33807 US</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |  |  |  |
| City & State<br><br>Zip      Country   |   | City & State<br><br>Zip      Country  |  | 01122008    Chg-NP    CR2E037 (12/06)  |  |
| 4. FEI Number<br><b>59-1902142</b>   |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable                             |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |  | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DAVIS, MICHAEL W<br/>207 WOODHALL DR<br/>MULBERRY, FL 33860</b>  |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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    |   | <b>MICHAEL W. DAVIS</b>   |  | <b>1-12-08</b><br><small>DATE</small>  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |   |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>MCMANN, MATHEW<br>217 WOOD HALL DR<br>MULBERRY, FL 33860        | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | D<br>LUCY O'BYRNE<br>12 WOOD HALL DR<br>MULBERRY, FL 33860 |
|  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TREASURER<br>DAVIS, MICHAEL<br>207 WOOD HALL DR<br>MULBERRY, FL 33860 | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | S<br>JANE SPEIR<br>137 WOODCROFT LN<br>MULBERRY FL 33860   |
|  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | R<br>PATE, ROBERT<br>59 MISTY MEADOW LN<br>MULBERRY, FL 33860         | <input type="checkbox"/> Delete   |  |  |  |
|  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>GINGER BRINTON<br>162 WOODHALL DRIVE<br>MULBERRY, FL 33860       | <input type="checkbox"/> Delete   |  |  |  |
|  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>RICHARD WEAVER<br>54 MISTY MEADOW LANE<br>MULBERRY, FL 33860     | <input type="checkbox"/> Delete   |  |  |  |
|  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BRUCE WIGGINS<br>227 WOODHALL DRIVE<br>MULBERRY, FL 33860        | <input type="checkbox"/> Delete   |  |  |  |
|  |   | <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:    |   | <b>MICHAEL W. DAVIS</b>   |  | <b>813 781 2226</b><br><small>Daytime Phone #</small>                              |  |