

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734525

FILED
Feb 26, 2009
Secretary of State

Entity Name: IMPERIALAKES COMMUNITY SERVICES ASSOCIATION II, INC.

Current Principal Place of Business:

59 MISTY MEADOW LN
LAKELAND, FL 33807

New Principal Place of Business:

211 WOODHALL DRIVE
MULBERRY, FL 33860

Current Mailing Address:

P O BOX 5008
LAKELAND, FL 33807 US

New Mailing Address:

FEI Number: 59-1902142 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DAVIS, MICHAEL W
207 WOODHALL DR
MULBERRY, FL 33860 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MCMANN, MATHEW
Address: 217 WOOD HALL DR
City-St-Zip: MULBERRY, FL 33860

Title: T () Delete
Name: DAVIS, MICHAEL
Address: 207 WOOD HALL DR
City-St-Zip: MULBERRY, FL 33860

Title: R () Delete
Name: PATE, ROBERT
Address: 59 MISTY MEADOW LN
City-St-Zip: MULBERRY, FL 33860

Title: D () Delete
Name: BRINTON, GINGER
Address: 162 WOODHALL DR
City-St-Zip: MULBERRY, FL 33860

Title: D () Delete
Name: WEAVER, RICHARD
Address: 54 MISTY MEADOW LN
City-St-Zip: MULBERRY, FL 33860

Title: D () Delete
Name: WIGGINS, BRUCE
Address: 227 WOODHALL DR
City-St-Zip: MULBERRY, FL 33860

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MCMANN, MATHEW
Address: 217 WOOD HALL DR
City-St-Zip: MULBERRY, FL 33860

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: PERRY, LOUISE
Address: 10 COUNTRY CLUB LANE
City-St-Zip: MULBERRY, FL 33860

Title: D (X) Change () Addition
Name: NORRIS, WALTER
Address: 150 WOODCREST LANE
City-St-Zip: MULBERRY, FL 33860

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW MCMANN

PRES

02/26/2009

Electronic Signature of Signing Officer or Director

Date