FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -5 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **739846** **(4)**

1. Corporation Name

IMPERIAL SOUTHGATE VILLAS CONDOMINIUM ASSOCIATIO N (SECTION II), INC.

Principal Place of Business	Mailing Address
601 IMPERIAL SOUTHGATE PO BOX 5444 LAKELAND FL 33803	601 IMPERIAL SOUTHGATE PO BOX 5444 LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/05/1977
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-1794246 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

PILLEY, ELWYN H.
VILLA 97 IMEPERIAL SOUTHGATE
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	~~ORTMAN, WILLIAM~~	12 NAME	GAINES, COLEMAN	
STREET ADDRESS	~~VILLA 22~~	13 STREET ADDRESS	Villa #16	
CITY-ST-ZIP	~~LAKELAND FL~~	14 CITY-ST-ZIP	Lakeland, FL	
TITLE	VD	21 TITLE	VD	☐ Change ☒ Addition
NAME	~~GAINES, COLEMAN~~	22 NAME	MICHAEL, STEPHEN	
STREET ADDRESS	~~VILLA 0~~	23 STREET ADDRESS	Villa # 71	
CITY-ST-ZIP	~~LAKELAND FL~~	24 CITY-ST-ZIP	Lakeland, FL	
TITLE	S	31 TITLE	SD	☐ Change ☒ Addition
NAME	~~BERTZ, MARY~~	32 NAME	HUMPHREY, HENRY G.	
STREET ADDRESS	~~VILLA 56~~	33 STREET ADDRESS	Villa # 75	
CITY-ST-ZIP	~~LAKELAND, FL 00000~~	34 CITY-ST-ZIP	Lakeland, FL	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	PILLEY, ELWYN H.	42 NAME	400001450324	
STREET ADDRESS	VILLA 97	43 STREET ADDRESS	-04/07/95--01017--015	
CITY-ST-ZIP	LAKELAND FL	44 CITY-ST-ZIP	****138.75 ****138.75	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MCCORMICK, M.E.	52 NAME	4/5/95 MS	
STREET ADDRESS	VILLA 76	53 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 0	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	BUTLER, SHIRLEY	62 NAME		
STREET ADDRESS	VILLA 53	63 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 00000	64 CITY-ST-ZIP		

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: Elwyn H. Pilley - ELwyn H. PiLLey, Treasurer 3/20/95 (813) 644-7502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0014074