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 # **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

3. Date Incorporated or Qualified: 08/05/1977
3a. Date of Last Report: 04/05/1995

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 5444	26 P.O. Box 5444
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Lakeland, FL 33807	28 Lakeland, FL 33807
24 Zip / 25 Country	29 Zip / 30 Country

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

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

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: HUMPHREY, HENRY G.
82 Street Address (P.O. Box Number is Not Acceptable): VILLA 75 IMPERIAL SOUTHGATE
83
84 City: LAKELAND **FL** 85 Zip Code: 33803

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: Henry G. Humphrey HENRY G, HUMPHREY -SECRETARY 2/26/96
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	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	GAINES, COLMAN		12 NAME		
STREET ADDRESS	VILLA 16		13 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		14 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	21 TITLE	VD	☐ Change ☒ Addition
NAME	MICHAEL, STEPHEN		22 NAME	ARNOLD, ELIZABETH	
STREET ADDRESS	VILLA 71		23 STREET ADDRESS	VILLA 51	
CITY-ST-ZIP	LAKELAND FL		24 CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	☐ DELETE	31 TITLE	TD	☐ Change ☒ Addition
NAME	HUMPHREY, HENRY		32 NAME	TRUEBLOOD, ALICE	
STREET ADDRESS	VILLA 75		33 STREET ADDRESS	VILLA 86	
CITY-ST-ZIP	LAKELAND, FL 00000		34 CITY-ST-ZIP	LAKELAND,FL	
TITLE	TD	☒ DELETE	41 TITLE	D	☒ Change ☐ Addition
NAME	PILLEY, ELWYN H.		42 NAME	PILLEY, ELWYN H.	
STREET ADDRESS	VILLA 97		43 STREET ADDRESS	VILLA 97	
CITY-ST-ZIP	LAKELAND FL		44 CITY-ST-ZIP	LAKELAND, FL	
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	MCCORMICK, M.E.		52 NAME		
STREET ADDRESS	VILLA 76		53 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 0		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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: COLEMAN C GAINES Coleman C Gaines 2-23-96 646-0162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)