## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 739846

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

Principal Place of Business		Mailing Address		e skunin nadon einem nasun i bein demsk nize menn hjune miker dinin dinis meni film.	
PO BOX 5444 LAKELAND FL 33807 US		PO BOX 5444 LAKELAND FL 33807-5444 US			
				3. Date Incorporated or Qualifie 08/05/1977	d 3a. Date of Last Report 02/29/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1794246	Not Applicable
Suite, Apt. #, elc		Suite. Apt. #, etc.			60.75 August
22		27		5. Certificate of Status Desired	Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability	or intangible tax under s 199.032,
24	25	29	30	Florida Statutes	☐ Yes ☐ No
	<ol><li>Name and Address of Curr</li></ol>	rent Registered Agent		10. Name and Address of New	Registered Agent
			81 Name	RRY, NATHAN F.	
HUMPHREY, HENRY G.			82 Street A	Address (P.O. Box Number is Not Accer	table)
VILLA 75 IMPERIAL SOUTHGATE				Address (P.O. Box Number is Not Accer L.I.A. 9 IMP::/kIAL SOUTHG.	ATE'
LAKELA	ND FL 33803		83		
			84 City		85 Zip Code
			LA	AELAND	FL   33803
11. Pursuant office or i	to the provisions of Sections 617.0 registered appear or both, in the Sec	1502 and 617.1508, Florida	Statutes, the above-named was authorized by the corn	corporation submits this statement for the oration's board of directors. I hereby ac	e purpose of changing its registered
agent La	im familiat with and accept the eb	ination of Section 617.05	03, Florida Statutes.	oradore board of directors, i hereby ac	a
SIGNATURE	/alhay	· Vierres			3-8-97
46	Slip-aturi. Typed or prioted name of régistered		(NOTE: Registered Agent signature	· · · · · · · · · · · · · · · · · · ·	DATE
<b>12.</b>	PD OFFICERS A	AND DIRECTORS	13.		FICERS AND DIRECTORS IN 12  Change 2 Addition
	' <del>-</del>	( Ditt		SD	☐ Change ☐ Addition
NAME CADLET ADDRESS	GAINES, COLMAN VILLA 16		12 NAME	FERRY, MATHAN F.	
STREET ADDRESS	LAKELAND FL		1 3 STREET ADDRESS	VILLA 9	
CITY - ST - ZIP TITLE	VD	DELET	1.4 CITY-ST-ZIP E 21 TITLE	LAKELAND, FL.	☐ Change ☑ Addition
NAME	ARNOLD, ELIZABETH		4.1.1.2	TD	Change 🙀 Addition
,	VILLA 51		22 NAME	TRUEBLOOD, ALICE	·
STREET ADDRESS	LAKELAND FL		2 3 STREET ADDRESS	VILLA 86	
CHY-ST-ZIF TITLE	SD	DELET	2.4 C(TY-ST-ZIP E 31 TITLE	<u>fakeland, pl</u>	Change Y Addition
NAME	HUMPHREY, HENRY	CA, VIIII	32 NAME	1) The results of a results	E Vitaligo E Rubbillon
STREET ADDRESS	VILLA 575		3.3 STREET ADDRESS	BAKER, JAMES	
CHY - S1 - ZIP	LAKELAND, FL 00000			VILLA 38	
Title	D	☐ DELET	3.4. CITY-ST-ZIP E 4.1 TITLE	LAKELAND, FL.	Change Addition
NAME	PILLEY, ELWYN H.		4. 2 NAME	D	- Andrews
STHEET ADDRESS	VILLA 97		4.3 STREET ADDRESS	HARRIS, FRED	
CITY - S1 - ZIP	LAKELAND FL			VILLA 89	·
THUE	D	DELET	4.4 CITY-ST-ZIP E 5.1 TITLE	LAKELAND, FL.	Change to Addition
NAME	MCCORMICK, M.E.		5.2 NAME	D NTV ANN	2.30380
STHEET ADDRESS	VILLA 76		5.3 STREET ADDRESS	NIX, ANN	
City-\$1-7iP	LAKELAND, FL 0		5.4 CITY-ST-ZIP	VILLA 59	
TITLE	D	☐ DELE1		LAKELAND, FL.	Change Addition
NAME	BUTLER, SHIRLEY		6.2 NAME		- Andrews
STREET ADDRESS	VILLA 53		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 00000		6.4 CITY - ST - ZIP		
SHEET OF THE	- " " L VVVVV		■ 0.4 O(11, 01, 7).		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

ALIGE TRUEBLEOP TREASURCE

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

e or signing officer or director aluce Jacobson Dato Dayline Prome # 0052853

**FILED** 

Mar 24 1997 8:00am

Secretary of State