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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
PO BOX 5444 2352 LAKELAND FL 00807 33806-2352 US	PO BOX 5444 2352 LAKELAND FL 00807 33806-2352 US

3. Date Incorporated or Qualified: 08/05/1977

4. FEI Number: 59-1794246 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 2352	26 P.O. Box 2352
Suite, Apt. #, etc. 22 LAKELAND	Suite, Apt. #, etc. 27
City & State 23 FL	City & State 28 LAKELAND FL
Zip / Country 24 33806-2352 / 25 Polk	Zip / Country 29 33806-2352 / 30 Polk

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FERRY, NATHAN F.
VILLA 9 IPERIAL SOUTHGATE
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name: ANN NIX
82 Street Address (P.O. Box Number is Not Acceptable): Villa 59 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: ANN NIX SEC. Ann Nix 3-4-98
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	1.1 TITLE	P	☒ Change ☐ Addition
NAME	GAINES, COLMAN		1.2 NAME	DR. JACK MCCURRY	
STREET ADDRESS	VILLA 16		1.3 STREET ADDRESS	VILLA 63	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ARNOLD, ELIZABETH		2.2 NAME		
STREET ADDRESS	VILLA 51		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	TREAS. D	☒ Change ☐ Addition
NAME	FERRY, NATHAN F.		3.2 NAME	ALICE TRUEBLOOD	
STREET ADDRESS	VILLA 9		3.3 STREET ADDRESS	VILLA 86	
CITY-ST-ZIP	LAKELAND, FL 00000		3.4 CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	☒ DELETE	4.1 TITLE	SEC	☒ Change ☐ Addition
NAME	PILLEY, ELWYN H.		4.2 NAME	ANN NIX	
STREET ADDRESS	VILLA 97		4.3 STREET ADDRESS	Villa 59	
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BAKER, JAMES		5.2 NAME	GERALDINE GRIFFITH	
STREET ADDRESS	VILLA 38		5.3 STREET ADDRESS	VILLA 92	
CITY-ST-ZIP	LAKELAND, FL 0		5.4 CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	BUTLER, SHIRLEY		6.2 NAME	ELSIE SWEAT	
STREET ADDRESS	VILLA 53		6.3 STREET ADDRESS	VILLA 94	
CITY-ST-ZIP	LAKELAND, FL 00000		6.4 CITY-ST-ZIP	LAKELAND FL 33803	

CR2E037 (10/97)

14. I 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.

SIGNATURE: ALICE TRUEBLOOD Alice Trueblood TREAS. 3/4/98 941-647-1221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #