2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State
03-13-2002 90046 011 ****61.25

DOCUMENT # 739846

1. Entity Name

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

Principal Place of Business	Mailing Address
P.O. BOX 2352 LAKELAND FL 33806-2352 US	P.O. BOX 2352 LAKELAND FL 33806-2352 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~VITELLO, SUSAN~~ SUTTON, JOAN
~~VILLA 4A~~ IMPERIAL SOUTHGATE VILLA 79
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name SUTTON, JOAN
Street Address (P.O. Box Number is Not Acceptable) VILLA 79 IMPERIAL Southgate
City LAKELAND **FL** Zip Code 33803

8. 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 Joan Sutton 2-25-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JENKINS, RUTH VILLA 99 LAKELAND FL 33803	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition VP CARDER, LEE V 14 LAKELAND FL 33803
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TRUEBLOOD, ALICE K VILLA 86 LAKELAND FL 33803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATTHES, CARL V 56 LAKELAND FL 33803 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NIX, ANN VILLA 59 LAKELAND FL 33803	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURG, GARY V 71 LAKELAND FL 33803 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VITELLO, SUSAN V 4A LAKELAND FL 33803	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SUTTON, JOAN V 79 LAKELAND FL 33803 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWEAT, ELSIE VILLA 94 LAKELAND FL 33803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, BOB V 67 LAKELAND FL 33803 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELIZABETH ARNOLD VILLAS 51 LAKELAND FL 33803	☐ Delete Addition	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARWELL, RAMONA V 95 LAKELAND FL 33803 ☐ Change ☒ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE K TRUEBLOOD SIGNATURE REQUIRED Alice K Trueblood 2-27-02 863 647-1221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #