2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State
02-16-2004 90053 022 ****61.25

DOCUMENT # 739846

1. Entity Name

IMPERIAL SOUTHGATE VILLAS CONDOMINIUM ASSOCIATION (SECTION II), INC.

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
IMPERIAL SOUTHGATE CONDOMINIUMS VILLA 14 LAKELAND FL 33803 US	IMPERIAL SOUTHGATE CONDOMINIUMS VILLA 14 LAKELAND FL 33803 US

2. Principal Place of Business	3. Mailing Address
IMPERIAL SOUTHGATE CONDOMINIUMS	IMPERIAL SOUTHGATE CONDOMINIUMS
Suite, Apt. #, etc.: 514 KELSEY ST.	Suite, Apt. #, etc.: 514 KELSEY ST.
City & State: LAKELAND FL.	City & State: LAKELAND FL
Zip: 33803-2382 Country: POLK	Zip: 33803-2382 Country: POLK

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

SUTTON, JOAN
VILLA 79 IMPERIAL SOUTHGATE
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name: VOSS - JACQUELYN

Street Address (P.O. Box Number is Not Acceptable): 515 KELSEY ST.

City: LAKELAND **FL** Zip Code: 33803-2383

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jacquelyn D-Voss Jacquelyn D. Voss 2/5/04
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
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PV CARDER, LEE ~~514~~ 514 KELSEY ST. LAKELAND FL 33803-2382	☐ Delete	VP JOYCE MAKEMOVICH 839 IMPERIAL BLVD. LAKELAND FL 33803-2379	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TRUEBLOOD, ALICE VILLA 86 LAKELAND FL 33803	☒ Delete	D CARL MATHES 541 CAMEO DR. LAKELAND FL. 33803-2359	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ~~VOSS~~, JACQUELYN ~~VILLA 7~~ 515 KELSEY ST LAKELAND FL 33803-2383	☐ Delete	TP DOROTHY JOHNSON 507 KELSEY ST. LAKELAND FL 33803-2383	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUTTON, JOAN ~~V-79~~ 649 COTTAGE LN. LAKELAND FL 33803-2366	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWEAT, ELSIE VILLA 94 LAKELAND FL 33803	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, BOB ~~V-87~~ 632 COTTAGE LN LAKELAND FL 33803-2361	☐ Delete		☐ Change ☐ Addition

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: Lee E. Carder LEE E. CARDER 2-5-04 863-647-4349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #