

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90123 042 \*\*\*\*61.25

DOCUMENT # 739846

1. Entity Name

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



Principal Place of Business

IMPERIAL SOUTHGATE CONDOMINIUMS  
PO BOX 2352  
LAKELAND FL 33806-2352  
US

Mailing Address

IMPERIAL SOUTHGATE CONDOMINIUMS  
PO BOX 2352  
LAKELAND FL 33806-2352  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

VOSS, JACQUELYN  
515 KELSEY ST  
LAKELAND FL 33803-2383

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Dorothy E. Johnson* Treas.

*Feb 16, 2006*

(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, 2006**

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

TITLE P ☒ Delete  
NAME MAXEMORICH, JOYCE  
STREET ADDRESS 839 IMPERIAL BLVD  
CITY-ST-ZIP LAKELAND FL 33803

TITLE V ☐ Delete  
NAME SUTTON, JOAN  
STREET ADDRESS 649 COTTAGE LANE  
CITY-ST-ZIP LAKELAND FL 33803-2366

TITLE S ☐ Delete  
NAME VOSS, JACQUELYN  
STREET ADDRESS 515 KELSEY ST  
CITY-ST-ZIP LAKELAND FL 33803-2383

TITLE T ☐ Delete  
NAME JOHNSON, DOROTHY  
STREET ADDRESS 507 KELSEY ST  
CITY-ST-ZIP LAKELAND FL 33803

TITLE D ☒ Delete  
NAME SIMPSON, COLLINE  
STREET ADDRESS 651 COTTAGE LANE  
CITY-ST-ZIP LAKELAND FL 33803

TITLE D ☐ Delete  
NAME HARWELL, RAMONA  
STREET ADDRESS 543 KELSEY ST  
CITY-ST-ZIP LAKELAND FL 33803

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition  
NAME Sutton, Joan  
STREET ADDRESS 649 Cottage Lane  
CITY-ST-ZIP Lakeland, FL 33803-2366

TITLE V ☒ Change ☐ Addition  
NAME Simpson, Colline  
STREET ADDRESS 651 Cottage Lane  
CITY-ST-ZIP Lakeland, FL 33803

TITLE D ☐ Change ☒ Addition  
NAME Gonzales, Walter  
STREET ADDRESS 655 Cottage Lane  
CITY-ST-ZIP Lakeland, FL 33803

TITLE D ☐ Change ☒ Addition  
NAME Dollar, Barbara  
STREET ADDRESS 547 Cameo Dr.  
CITY-ST-ZIP Lakeland, FL 33803

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Jacquelyn D. Voss* (Jacquelyn D. Voss) 2/13/06 (863) 647-9805