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

| ANNUAL REPORT (AR)  |  |  |  | Mar 03, 2006 8:00 am   |  |
|---|--|--|--|--|--|
| DOCUMENT # 739846  1. Entity Name   |  |  |  | Secretary of State   |  |
| IMPERIAL SOUTHGATE VILLAS CONDOMINIUM ASSOCIATION (SECTION II), INC.  |  |  |  | 03-03-2006 90123 042 ****61.25   |  |
| Principal Place of Business Mailing Address   |  |  | · · ·  |  |  |
| IMPERIAL SOUTHGATE CONDOMINIUMS<br>PO BOX 2352<br>LAKELAND FL 33806-2352<br>US  |  | IMPERIAL SOUTHGATE CONDOMINIUMS<br>PO BOX 2352<br>LAKELAND FL 33806-2352<br>US |  | is i   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address   |  | T CERTIC CREEK THE TRUST TRUST BUILD BUILD STOLE |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  | 1st MOORE CR2E037 (10/05)  |  |
| City & State  |  | City & State   |  | 4. FEI Number Applied For Not Applicable   |  |
| Zip   | Country                                    | Zip  | Country  | 5. Certificate of Status Desired   \$8.75 Additional Fee Required  |  |
|   | 6. Name and Address of Current             | Registered Agent   | Name   | 7. Name and Address of New Registered Agent  |  |
| yos   | S, JACQUELYN                               |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |
|   | KELSEY ST<br>ELAND FL 33803-2383           |  |  |  |  |
|   |  |  | 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 Darniely E. Johnson Treas Let. 16. 2006   |  |  |  |  |  |
| SIGNATURE Signature, typed or printed name of redistretor agent and title if applicable (NOTE: Registered Agent signature required when remistating)  OATE  |  |  |  |  |  |
| FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Added to Fees  Solution May Be Added to Fees  Florida Department of State                                   |  |  |  |  |  |
| 10.   | OFFICERS AND DI                            | RECTORS  | 11.  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |
| TITLE   | P  | Delete   | THTLE .  | Sutton Joan Addition   |  |
| NAME<br>STREET ADDRESS  | MAXEMORICH, JOYCE<br>839 IMPERIAL BLVD     |  | NAME<br>STREET ADDRESS                             | 649 Cottage lane   |  |
| CITY-ST-ZIP   | LAKELAND FL 33803                          |  | CITY-ST-ZIP  | Lakeland, FL 33803-2366  |  |
| TITLE<br>NAME   | V<br>SUTTON, JOAN                          | Delete   | TITLE<br>NAME                                      | V Addition Simpson, Colline  |  |
| STREET ADDRESS  | 649 COTTAGE LANE<br>LAKELAND FL 33803-2366 |  | STREET ADDRESS<br>CITY-ST-ZIP                      | 651 Cottage Lane   |  |
| CITY-ST-ZIP   | S.   | □ Delete   | TITLE  | Lakeland, FL 33803   |  |
| NAME  | VOSS, JACQUELYN                            | 1.1 UPIER  |  | Gonzales, Walter   |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | 515 KELSEY ST<br>LAKELAND FL 33803-2383    |  | STREET ADDRESS<br>CITY+ST-ZIP                      | 655 Cottage Lane   |  |
| TITLE   | T  | ☐ Delete   |  | $\triangle$ Lakeland, FL 33803  D  Change Addition   |  |
| NAME  | JOHNSON, DOROTHY                           | <del></del>  | NAME   | Dollar, Barbara 547 Cameo Dr. Change Addition  |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | 507 KELSEY ST<br>LAKELAND FL 33803         |  | STREET ADDRESS<br>CITY-ST-ZIP                      | Lakeland, FL 33803   |  |
| TITLE   | D  | <b>∑</b> Delete  | TITLE  | Change Addition  |  |
| NAME  | SIMPSON, COLLINE                           |  | NAME   |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | LAKELAND FL 33803                          |  | STREET ADDRESS<br>CITY-ST-ZIP                      |  |  |
| TITLE   | D  | ☐ Delete   | TITLE  | Change Addition  |  |
| NAME  | HARWELL, RAMIONA<br>543 KELSEY ST          |  | NAME   |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | LAKELAND FL 33803                          |  | STREET ADDRESS<br>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: Que que ( Jacque / 4 7 - 9805) 2/13/06 (863)647-9805

**FILED**