2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State
02-28-2008 90003 034 ****61.25

DOCUMENT # 739846

1. Entity Name

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

Principal Place of Business	Mailing Address
IMPERIAL SOUTHGATE CONDOMINIUMS II PO BOX 2352 LAKELAND FL 33806-2352 US	IMPERIAL SOUTHGATE CONDOMINIUMS II PO BOX 2352 LAKELAND FL 33806-2352 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	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	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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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	P SIMPSON, COLLINE 651 COTTAGE LN. LAKELAND FL 33803-2366	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. SIMPSON, COLLINE 651 COTTAGE LN. LAKELAND, FLO 33803-2366	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SIMPSON, COLLINE 651 COTTAGE LN LAKELAND FL 33803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V NIX, ANN 554 CAMEO DR. LAKELAND, FLO. 33803-2366	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VOSS, JACQUELYN 515 KELSEY ST LAKELAND FL 33803-2383	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WILSON, MERITTA 719 FONDA CT. LAKELAND, FLO. 33803-2366	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, DOROTHY 507 KELSEY ST LAKELAND FL 33803	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SHELTON, JEANNE 634 COTTAGE LN. LAKELAND, FLO 33803, 2366	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ROLL, IRENE 523 CAMEO DR. LAKELAND FL 33803	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. KITCHELL, DOTTIE 726 ERIE CT. LAKELAND, FLO. 33803, 2366	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WILSON, MERITTA 719 FONDA CT. LAKELAND FL 33803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. SWEAT, ELSIE 541 KELSEY ST. LAKELAND, FLO 33803-2366	☐ Change ☐ Addition

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: Colline Simpson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #