

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739846

FILED
Jan 17, 2009
Secretary of State

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

Current Principal Place of Business:

IMPERIAL SOUTHGATE CONDOMINIUMS II
PO BOX 2352
LAKELAND, FL 338062352 US

New Principal Place of Business:

IMPERIAL SOUTHGATE CONDOMINIUMS II
651 COTTAGE LANE
LAKELAND, FL 33803 US

Current Mailing Address:

IMPERIAL SOUTHGATE CONDOMINIUMS II
PO BOX 2352
LAKELAND, FL 338062352 US

New Mailing Address:

IMPERIAL SOUTHGATE CONDOMINIUMS II
651 COTT AGE LANE
LAKELAND, FL 33803 US

FEI Number: 59-1794246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOSS, JACQUELYN
515 KELSEY ST
LAKELAND, FL 338032383 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIMPSON, COLLINE
Address: 651 COTTAGE LN.
City-St-Zip: LAKELAND, FL 338032366

Title: V () Delete
Name: SIMPSON, COLLINE
Address: 651 COTTAGE LN
City-St-Zip: LAKELAND, FL 33803

Title: S () Delete
Name: WILSON, MERITTA
Address: 719 FONDA CT
City-St-Zip: LAKELAND, FL 338032366

Title: T () Delete
Name: SHELTON, JEANNE
Address: 634 COTTAGE LN
City-St-Zip: LAKELAND, FL 338032366

Title: D () Delete
Name: KITCHELL, DOTTIE
Address: 726 ERIE CT
City-St-Zip: LAKELAND, FL 338032366

Title: S () Delete
Name: WILSON, MERITTA
Address: 719 FONDA CT.
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLLINE SIMPSON

P

01/17/2009

Electronic Signature of Signing Officer or Director

Date