

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747306 (9)

1. Corporation Name

IMPERIAL GOLF ESTATES HOMEOWNERS ASSOCIATION, IN C.



Principal Place of Business

Mailing Address

10915 BONITA BEACH RD.
SUITE 1131
BONITA SPRINGS FL 33923
US

10915 BONITA BEACH RD.
SUITE 1131
BONITA SPRINGS FL 33923
US

3. Date Incorporated or Qualified

05/22/1979

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. **26** 10915 Bonita Beach Rd.

22 City & State

27 Suite 1111

23 Zip

Country

28 Bonita Springs

City & State

29 FL

Zip

Country

30 Collier

4. FEI Number

59-1918084

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAINÉ, LOREN N
10915 BONITA BCH RD.
SUITE 1131
BONITA SPRINGS FL 33923

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **S**
RICH, FRANK
STREET ADDRESS **2243 IMPERIAL GOLF COURSE BLVD.**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME **D**
VIK, ROBERT
STREET ADDRESS **2209 REGAL WAY**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME **D**
LESKO, DOROTHY
STREET ADDRESS **2007 DUKE DRIVE**
CITY-ST-ZIP **NAPLES FL**

TITLE ☒ DELETE

NAME **T**
COGHILL, C C
STREET ADDRESS **1905 PRINCESS CT**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME **VP**
PARRY, TIMOTHY
STREET ADDRESS **2215 REGAL WAY**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME **P**
OEHLERS, HERB
STREET ADDRESS **2095 IMPERIAL CIRCLE**
CITY-ST-ZIP **NAPLES FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

1.2 NAME

Noah O. Standifer

1.3 STREET ADDRESS

1945 Imperial Golf Course Blvd.

1.4 CITY-ST-ZIP

Naples FL 33942

2.1 TITLE

T

2.2 NAME

Robert Vik

2.3 STREET ADDRESS

2209 Regal Way

2.4 CITY-ST-ZIP

Naples FL 33942

3.1 TITLE

D

3.2 NAME

Steve Jenner

3.3 STREET ADDRESS

2129 Imperial Circle

3.4 CITY-ST-ZIP

Naples FL 33942

4.1 TITLE

Asst. S/T

4.2 NAME

Loren N. Laine

4.3 STREET ADDRESS

10915 Bonita Beach Rd. Suite 1111

4.4 CITY-ST-ZIP

Bonita Springs FL 33923

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

L. N. Laine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-96

Date

495-48814

Daytime Phone #

CR2E037 (12/95)