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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 1111 BONITA SPRINGS FL 34135-9049 US

2. Principal Place of Business 21 SUITE 1111	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 05/22/1979	3a. Date of Last Report 05/01/1996
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

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

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☒ DELETE	11 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	RICH, FRANK		12 NAME	CY DOLINE	
STREET ADDRESS	2243 IMPERIAL GOLF COURSE BLVD.		13 STREET ADDRESS	2036 PRINCE DRIVE	
CITY-ST-ZIP	NAPLES FL		14 CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	T	☐ DELETE	21 TITLE	D	☐ Change ☒ Addition
NAME	VIK, ROBERT		22 NAME	RAY FICK	
STREET ADDRESS	2209 REGAL WAY		23 STREET ADDRESS	1926 IMP GOLF COURSE BLVD	
CITY-ST-ZIP	NAPLES FL		24 CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	LESKO, DOROTHY		32 NAME		
STREET ADDRESS	2007 DUKE DRIVE		33 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		34 CITY-ST-ZIP		
TITLE	AST	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	LOREN N. LAINE		42 NAME		
STREET ADDRESS	10915 BONITA BEACH RD SUITE 1111		43 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		44 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	51 TITLE	VP	☐ Change ☐ Addition
NAME	PARRY, TIMOTHY		52 NAME	STEVE JENNER	
STREET ADDRESS	2215 REGAL WAY		53 STREET ADDRESS	2129 IMPERIAL CIRCLE	
CITY-ST-ZIP	NAPLES FL		54 CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	P	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	OEHLERS, HERB		62 NAME		
STREET ADDRESS	2095 IMPERIAL CIRCLE		63 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		64 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

_____ 5-2-97 495-8846