FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

747306

(9)

IMPERIAL GOLF ESTATES HOMEOWNERS ASSOCIATION, IN

Principal Place of Business 10915 BONITA BEACH RD. SUITE 1111 BONITA SPRINGS FL 33923

2. Principal Place of Business

Mailing Address

10915 BONITA BEACH RD SUITE 111 BONITA SPRINGS FE 83923

2a. Mailing Address

Apt. #. Property Management 265 Airport Road South 28

Property Management 285 Airport Road South

30

Naples, FL 34104 Country

4. FEI Number 59-1918084

05/22/1979

3. Date Incorporated or Qualified

5. Certificate of Status Desired 6. Election Campaign Financing

П Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association? Yes

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent

FILED

Mar 12 1998 8:00am

Secretary of State

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

9. Name and Address of Current Registered Agent

Naples, FL 34104

Country

25

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

Property Management 265 Airport Road South Naples, FL 34104

B1		
32	Street Add	€ (P.O. B
83		
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Property Nathanale Ment 265 Airport Road South Naples, FL 34104

85 Zip Code

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Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the ab	OOVE	e-named corporation submits this statement fo	r the purpose of c	hanging its registered
office or registered agent, or both, in the State of Florida. Such change was authorized	i by	the corporation's board of directors. I hereby	accept the appoi	intment as registered
agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Stat	utes	i. ' ,	` 1 ` 1	·

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SIG	NATI	ΙR	P	:

23 Zip

24

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ignature,	type ti d p	rinled nam	e of regist	ered egen	l and title	if applicab	le.

Leadres Whoman

1181aV

SIGNATURE ,	Stonature, typed or printed name of registered egent and title if applic	able (NOTE: F	tegistered Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND DIRECTOR	·	13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	S IN 12
TITLE	8	DELETE	1.1 TITLE	P	Change	Addition
NAME	DOLINE, CY		1.2 NAME	Ray FICK		
STREET ADDRESS	2036 PRINCE DRIVE		1.3 STREET ADDRESS	1926 IMPERIAL GOLF	Course Bus	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	WAPLES, FL. 34110		
TITLE	T	DELETE	2.1 TITLE	7	Change	Addition
NAME	VIK, ROBERT		2.2 NAME	MARK HUBUER		
STREET ADDRESS	2209 REGAL WAY		2.3 STREET ADDRESS	2206 MASSETT CT.		
CITY-ST-ZIP	NAPLES FL		2. 4 CITY - ST - ZIP	NAPLES, R. 34110		
TITLE	D	DELETE	3.1 TITLE	D	Change	Addition
NAME	LESKO, DOROTHY	•	3.2 NAME	CAYLEN RICHARDSON		
STREET ADDRESS	2007 DUKE DRIVE		3.3 STREET ADDRESS	GAYLEN RICHARDSON		
CITY-ST-ZIP	NAPLES FL		3.4. CITY - ST-ZIP	NAPLES, FC. 34110		
TITLE	AST	DELETE	4.1 TITLE	В	☐ Change	Addition
NAME	LOREN N. LAINE		4. 2 NAME	JORRY KING		
STREET ADDRESS	10915 BONITA BEACH RD SUITE 1111		4.3 STREET ADDRESS	1807 Imporior Gorf Co	unse Bud.	
CITY-ST-ZIP	BONITA SPRINGS FL		4,4 CITY - ST - ZIP	NAR165, Rr. 34160		
TITLE	VP	DELETE	5.1 TITLE	AST D	☐ Change	Addition
NAME	Jenner, Steve		5.2 NAME	Here Sormer	Bin Cimino	
STREET ADDRESS	2129 IMPERIAL CIRCLE		5.3 STREET ADDRESS	agricultura Cia- 5103	1959 thrusher Gold	Course
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	WARLEY, FL. 34109	NAPLES, FL 34110	
TITLE	P	DELETE	6.1 TITLE	D	☐ Change	Addition
NAME	Oehlers, Herb	-	6.2 NAME	DAVID RAMSS		
STREET ADDRESS	2095 IMPERIAL CIRCLE		6.3 STREET ADDRESS	1814 Imperior BOLF	course blud.	

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 attact point with an address.

SIGNATURE:

NAPLES FL