

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91758 007 ****70.00

DOCUMENT # **747800** ✓

1. Entity Name

**Imperial Golf Estates Homeowners' Assoc.
INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12636 TAMiami TRAIL E

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

Zip

Country

601-USA

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required.**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Collier Association Management, Inc.

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

12636 TAMiami TRAIL EAST

City

NAPLES

FL

Zip Code
34

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.

SIGNATURE

Keith Tompkins

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/02

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	President PD
NAME	Jeray King
STREET ADDRESS	1807 Emp. Golfcourse Blvd.
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	Vice President, VD
NAME	Bill Vonice
STREET ADDRESS	1967 Imperial Circle
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	TD
NAME	Bill Decht
STREET ADDRESS	1987 Imperial Golfcourse Blvd.
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	SD
NAME	Beverly Davison
STREET ADDRESS	NAPLES, FL 34110
TITLE	D
NAME	Keith Tompkins
STREET ADDRESS	12636 TAMiami TRAIL EAST
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	D
NAME	Gaylen Richardson
STREET ADDRESS	1926 Princess Ct.
CITY-ST-ZIP	NAPLES, FL 34110

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. I 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Keith Tompkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/30/02

Daytime Phone #

CR2E037B (12/01)