2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State
05-03-2006 90258 036 ****61.25

DOCUMENT # 747306

1. Entity Name
IMPERIAL GOLF ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
COLLIER ASSOCIATION MGMT 12709 TAMIAMI TRAIL E. NAPLES, FL 34113 US	COLLIER ASSOCIATION MGMT 12709 TAMIAMI TRAIL E. NAPLES, FL 34113 US

04282006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1918084 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COLLIER ASSOCIATON MANAGEMENT
12709 TAMIAMI TRAIL E
NAPLES, FL 34113

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COX, DAVID 12709 TAMIAMI TRL E NAPLES, FL 34113	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T William Grubb 2131 Imperial Circle Naples, FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HARRUFF, THOMAS 12709 TAMIAMI TRL E NAPLES, FL 34113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BASINGER, SUE 12709 TAMIAMI TRL E NAPLES, FL 34113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DAVISSON, BEVERLY 12709 TAMIAMI TRL E NAPLES, FL 34113	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Richard Ritchie 12709 Tamiami Tr. E. Naples, FL 34113	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KING, JERRY 12709 TAMIAMI TRL E NAPLES, FL 34113	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAUGHERTY, JOHN 12709 TAMIAMI TRL E NAPLES, FL 34113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/30/06 239 793-1643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #