## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT CUMENT # 747306 tity Name ERIAL GOLF ESTATES HOMEOWNERS EXCIPLION UNIC

FILED
May 03, 2006 8:00 am
Secretary of State

1. Entity Name IMPERIAL GOLF ESTATES HOMEOWNERS ASSOCIATION, INC.								05-03-200	_		
COLIER ASSO	ce of Business OCIATION MGMT IAMI TRAIL E. 34113 US	COLIE 1270	Mailing Address COLIER ASSOCIATION MGMT 12709 TAMIAMI TRAIL E. NAPLES, FL 34113 US				± 102% (20%	81810 19060 (INC FRITO I	181 <b>1171 1181 1</b>		
2. Principal Place of Business		3. Maili	3. Mailing Address								
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				04282006	Chg-NP	CR2E	037 (4/06)	
City & State		City	City & State				4. FEI Number 59-191	8084			pplied For ot Applicable
Zip Country		Zip	Zip C		ntry		5. Certificate	of Status Desired		\$8.75 Ad Fee Require	
	6. Name and Address of Cu	rrent Registere	1 Agent	···			7. Name and	Address of New	Registered	Agent	
					Name						
COLLIER ASSOCIATON MANAGEMENT 12709 TAMIAMI TRAIL E NAPLES, FL 34113					Street Address (P.O. Box Number is Not Acceptable)						
					City				FI	Zip Coo	ie
8. The above	named entity submits this statem	ent for the purpo	se of changing its	register	ed office or r	registere	ed agent, or bo	h, in the State of F		_	, and accept
the obliga	tions of registered agent.										
SIGNATURE											
	Signature, typed or printed name of registere	d agent and title if appli	cable. (NOT	E: Registere	id Agent signaturi	periuper en	when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2006	d agent and title if appl	9. Election Car Trust Fund (	mpaign F	inancing _		\$5.00 May B Added to Fees		Make chec	k payable t	
10,	Filing Fee is \$61.25 Due by May 1, 2006	d agent and title if apple	9. Election Car	mpaign F	Financing tion.		\$5.00 May B Added to Fees		Make chec orida Depa	rtment of S	tate
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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 trastee 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:

SIGNATURE THE TYPED OR PROTEST NAME OF SIGNATO OFFICER OR DIRECTOR

4/30/06

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