2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State
05-16-2007 90023 021 ****61.25

DOCUMENT # 747306

1. Entity Name

IMPERIAL GOLF ESTATES HOMEOWNERS ASSOCIATION, INC.

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

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	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: Platinum Property Management
Street Address (P.O. Box Number is Not Acceptable): N. Collier Corporate Center II
101b Collier Center Way
City: Naples FL Zip Code: 34110

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

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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	T GRUBB, WILLIAM 2131 IMPERIAL CIR NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HARRUFF, THOMAS ~~12709 TAMIAMI TRL E~~ 1943 EMPRESS CT. NAPLES FL ~~34113~~ 34110-8141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ 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	VP RITCHIE, RICHARD ~~12709 TAMIAMI TR EAST~~ 1937 Countess CT NAPLES FL 34113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARLAN DAM 1933 EMPRESS CT. NAPLES FL 34110-8141 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ DAUGHERTY, JOHN ~~12709 TAMIAMI TRL E~~ 6665 HUNTINGTON LAKES CIR #201 NAPLES FL ~~34113~~ 34119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANIEL CASTALDINI 1952 IMPERIAL GOLF COURSE BLVD NAPLES, FL 34110-8138 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jeff ALLEN 1970 IMPERIAL GOLF COURSE BLVD NAPLES FL 34110-1098 ☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Thomas R Harruff THOMAS R HARRUFF, PRES 4-25-07 239-591-8049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #