2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #747306

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



FILED

Mar 26, 2008 8:00 am Secretary of State

03-26-2008 90028 019 ****61.25

50001876

Principal Place of Business
PLATINUM PROPERTY MANAGEMENT
1016 COLLIER CENTER WAY #102
NAPLES, FL 34110 US

Mailing Address
PLATINUM PROPERTY MANAGEMENT
1016 COLLIER CENTER WAY #102
NAPLES, Ft. 34110 US

Principal Place of Business - No P.O. Box # Mailing Address						••••••						
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				02142008	Chg-NP	CR2E	E037 (12/06)	
City & State			City & State					4. FEI Numbe 59-1918			ļ	Applied For
Zip Country			Žip	1	Cou	Country		5. Certificate	of Status Desi	red 🔲	\$8.75 A Fee Requi	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
PLATINUM PROPËRTY MANAGEMENT 1016 COLLIER CENTER WAY #102 NAPLES, FL 34110						Name Street Address (P.O. Box Number is Not Acceptable)						
						City		•		· F	Zip Co	de
8. The above the obligati	named entiti	y submits this statement fo tered agent.	ed office or	register	ed agent, or bot	h, in the State	•	_	n, and accept			
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
	-	ee is \$61.25 flay 1, 2008		9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May B Added to Fees	Florida Department of State			
10.	D. OFFICERS AND DI			CTORS 11,				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAMÉ	T GRUBB, \	WILLIAM		Delete	TITLE NAME		BR	YAN DUR	KIN	10115	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	2131 IMP NAPLES,	ERIAL CIR FL				et address -St- <i>z</i> ip	20	APLES, P	K1196 C	110		
TITLE	Р			☐ Delete	TITLE				- -		☐ Change	☐ Addition
NAME		F, THOMAS			NAME							
STREET ADDRESS CITY-ST-ZIP		PRESS CT. FL 341108141				ET ADDRESS - ST - ZTP						
TITLE	VP	12 041100141		☐ Delete	TITLE						☐ Change	Addition
NAME.	RITCHIE,	RICHARD			NAME							
STREET ADDRESS		JNTES CT.				ET ADDRESS					•	
CHTY-ST-ZIP	NAPLES,	FL 34113		1 01	_	-ST-ZIP	5					
TITLE NAME		RTY, JOHN		Delete	TITLE		_ п	ARLAN	DAM		Change	☐ Addition
STREET ADDRESS		NTINGTON LAKES CIR				ET ADDRESS	<i>"</i> /	1933 LT	PCESS (<i>:_[</i>		
CITY-ST-ZIP	NAPLES,	FL 34119			CITY-	-ST-ZIP		HAPLES	PC	341/0		
TITLE				Delete	TITLE						☐ Change	☐ Addition
NAME STREET ADDRESS					NAME	e Et address						
CITY+ST-ZIP						- ST-ZIP						
TITLE				☐ Delete	TITLE			.			☐ Change	☐ Addition
NAME					NAME	E						
STREET ADDRESS						ET ADDRESS		•				
CITY-ST-ZIP					CITY-	-ST-ZIP						

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 ampowered 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 ampowered.

Treasurer

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/241

234 293 - 4/65

Daytime Phone #