

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747306

FILED
Apr 20, 2010
Secretary of State

Entity Name: IMPERIAL GOLF ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PLATINUM PROPERTY MANAGEMENT
1016 COLLIER CENTER WAY #102
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

PLATINUM PROPERTY MANAGEMENT
1016 COLLIER CENTER WAY #102
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: 59-1918084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLATINUM PROPERTY MANAGEMENT
1016 COLLIER CENTER WAY #102
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T
Name: NEFF, BOB
Address: 2105 IMPERIAL GOLF COURSE BLVD.
City-St-Zip: NAPLES, FL 34110

Title: P
Name: HARRUFF, THOMAS
Address: 1943 EMPRESS CT.
City-St-Zip: NAPLES, FL 341108141

Title: VP
Name: CASTALDINI, DAN
Address: 1952 IMPERIAL GOLF COURSE BLVD.
City-St-Zip: NAPLES, FL 34113

Title: S
Name: HARLAN, DAM
Address: 1933 EMPRESS CT
City-St-Zip: NAPLES, FL 34110

Title: D
Name: KORRI, MICHELE
Address: 1845 IMPERIAL GOLF COURSE BLVD.
City-St-Zip: NAPLES, FL 34110

Title: D
Name: GRUBB, WILL
Address: 2121 IMPERIAL CIRCLE
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TOM HARRUFF

P

04/20/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date