FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



Sandra B. Myrthama
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N01193

(4)

IMPERIAL LAKES ESTATES HOMEOWNERS ASSOCIATION, I

					# 18821182 811 88381 82884 11818 1918 8	
Principal Place of Business BLOWER M. MOSHER 100 IMPERIAL COLF COURSE RIVD. PALMETTO FL 33561 PALMETTO FL 33561 Mailing Address Mailing Address 5519 B HANKY RD TAMPA FL 33634 US						
					3. Date Incorporated or Qualified 02/01/1984	3a. Date of Last Report 05/01/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 59-2373226	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zφ	Country	Zip	Cour	try	8. This corporation has liability for in	
24	25	29	30			Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Agent
			i '	81 Name		
ANCHOR PROPERTY MANAGEMENT, INC.			ļ.	82 Street Address (P.O. Box Number is Not Acceptable)		
5519-B HANLEY RD			-	B3		
TAMPA FL 33634						
				64 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Rugsfored Agent signature required when remissating): DATE DATE						
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE 1	Р	DELETE	1.1 Ū	LE		Change Addition
NAME	SWIFT, BOB		1.2 NA	ME		
STREET ADDRESS	8449 IMPERIAL CIR		1.3 ST6	REET ADDRESS		
CITY-ST-ZIP	PALMETTO FL 34221		1 4 CII	Y-ST-71P		
TITLE	1	[] BECETE	2 1 TIT	LE $m{D}$	S	☐ Change ☐ Addition
NAME	LEMMER, BOB		2 2 NA	ME	HERMAN JENKINS	
STREET ADDRESS	8459 IMPERIAL CIR			REET ADDRESS	8406 CASTLE GARDEN	
CITY-ST-ZIP	PALMETTO PL 34221	Florette	_	TY-ST-ZIP	PALMETTO, FL. 342	Change Addition
TITLE	D DODGOTOON NOVD	DELETE	3.1 TIT		VP	Cliange Nadition
NAME 850	ROBERTSON, LLOYD 8559 IMPERIAL CIR		32 NA			
STREET ADDRESS	PALMETTO FL 34221			REET ADDRESS TY-ST-ZIP		
CITY-ST-ZIP TITLE	D PALMETTO PL 34221	DELETE	4.1 TIT			Change Addition
NAME	CHUGG, ROLAND		4. 2 NA			
STREET ADDRESS	8432 IMPERIAL CIR			REET ADDRESS		
CITY-ST-ZIP	PALMETTO FL 34221			Y-ST-ZIP	T	
TITLE	B. /	L DECETE	5 1 T/T	LE /	PATRICK CRISTELLO	☐ Change
NAME	PROVOST, JAMES		5.2 NA	ME &	8450 CASTLE GARDE	N RD.
STREET ADDRESS	8488 IMPERIAL CIR		5.3 ST	REET ADDRESS	PALMETTO, FL. 34:	
CITY-ST-ZIP	PALMETTO FL 34221		5 4 CH	Y-ST-ZIP	•	
TITLE		DELETE	6 1 TH	LE		☐ Change ☐ Addition
NAME			6 2 NA			×5.1
STREET ADDRESS				REET ADDRESS	DE DON'T de n=	5 5
CITY-ST-ZIP			6401	Y-SI-ZIP	&K DEPOSIT \$61.25	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changel, or or an atachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mrs. 29, 1996 941.722-0329

CR2E037 (12/95)