

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # NO 1193 (4)
 1. Corporation Name
IMPERIAL LAKES ESTATES HOMEOWNERS ASSOC., INC.

Principal Place of Business	Mailing Address
8565 CROWN'S COURT PALMETTO, FL 34221	5519-B HANLEY ROAD TAMPA, FL 33634

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 02-01-1984	3a. Date of Last Report 1996
4. FEI Number 59-2373226	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> XX	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ANCHOR PROPERTY MANAGEMENT, INC.
5519-B HANLEY ROAD
TAMPA, FL 33634**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when re-appointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
P/D	BOB SWIFT	P/D	JOHN OMENHISER
STREET ADDRESS	8449 IMPERIAL CR.	STREET ADDRESS	8434 CASTLE GARDEN ROAD
CITY-ST-ZIP	PALMETTO, FL 34221	CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	NAME	2.1 TITLE	2.2 NAME
S/D	HERMAN JENKINS	S/D	JAN HUNTER
STREET ADDRESS	8406 CASTLE GARDEN ROAD	STREET ADDRESS	8457 IMPERIAL CR.
CITY-ST-ZIP	PALMETTO, FL 34221	CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	NAME	3.1 TITLE	3.2 NAME
UP/D	LLOYD ROBERTSON	UP/D	JACK MINKENBAUGH
STREET ADDRESS	8503 IMPERIAL CR.	STREET ADDRESS	8481 IMPERIAL CR.
CITY-ST-ZIP	PALMETTO, FL 34221	CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	NAME	4.1 TITLE	4.2 NAME
D	ROLAND CHUGG		
STREET ADDRESS	8432 IMPERIAL CR.		
CITY-ST-ZIP	PALMETTO, FL 34221		
TITLE	NAME	5.1 TITLE	5.2 NAME
T/D	PATRICK CRISTELLO	T/D	DOLLY LORANG
STREET ADDRESS	8450 CASTLE GARDEN ROAD	STREET ADDRESS	8432 IMPERIAL CR.
CITY-ST-ZIP	PALMETTO, FL 34221	CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I, _____, hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or 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 changed, or on an attachment with an address.

SIGNATURE: **JOHN OMENHISER** *John Omenhiser* 941-723-1033
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

97 OCT 20 11:10:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CR2E037 (9/96)