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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01193 (4)

1. Corporation Name
IMPERIAL LAKES ESTATES HOMEOWNERS ASSOCIATION, I NC.

Principal Place of Business 8565 CROWN'S CT. PALMETTO FL 34221	Mailing Address 5519-B HANLEY ROAD TAMPA FL 33634 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 5899 Whitfield Ave. #107 Suite, Apt. #, etc. 27 City & State 28 Sarasota FL Zip 29 34243 Country 30 USA
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3. Date Incorporated or Qualified 02/01/1984
4. FEI Number 59-2373226
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**ANCHOR PROPERTY MANAGEMENT, INC.
5519-B HANLEY RD
TAMPA FL 33634**

10. Name and Address of New Registered Agent

81 Name
ADVANCED MANAGEMENT OF SOUTHWEST FLORIDA, INC.
82 Street Address (P.O. Box Number is Not Acceptable)
83
5899 Whitfield Avenue, Suite 107
84 City **Sarasota** **FL** 85 Zip Code **34243**

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 *Douglas E. Wilson* **Douglas E. Wilson** **2/16/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	OMENHUSER, JOHN
STREET ADDRESS	8449 IMPERIAL CIR
CITY-ST-ZIP	PALMETTO FL 34221
TITLE	SD <input type="checkbox"/> DELETE
NAME	HUNTER, JAN
STREET ADDRESS	8457 IMPERIAL COURT
CITY-ST-ZIP	PALMETTO FL 34221
TITLE	UPD <input type="checkbox"/> DELETE
NAME	MINKENBAUGH, JACK
STREET ADDRESS	8481 IMPERIAL CR
CITY-ST-ZIP	PALMETTO FL 34221
TITLE	D <input type="checkbox"/> DELETE
NAME	CHUGG, ROLAND
STREET ADDRESS	8432 IMPERIAL CIR
CITY-ST-ZIP	PALMETTO FL 34221
TITLE	TD <input type="checkbox"/> DELETE
NAME	LORANG, DOLLY
STREET ADDRESS	8432 IMPERIAL CR
CITY-ST-ZIP	PALMETTO FL 34221
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rowe, Roger C.
1.3 STREET ADDRESS	8505 Imperial Circle
1.4 CITY-ST-ZIP	Palmetto, FL 34221
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Truitt Raymond
3.3 STREET ADDRESS	8435 Regal Way
3.4 CITY-ST-ZIP	Palmetto, FL 34221
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lawrence, George
4.3 STREET ADDRESS	8475 Imperial Circle
4.4 CITY-ST-ZIP	Palmetto, FL 34221
5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Applegate, Pauline
5.3 STREET ADDRESS	8411 Regal Way
5.4 CITY-ST-ZIP	Palmetto, FL 34221
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: *Pauline Applegate* **Pauline Applegate** **Treasurer**

CR2E037 (10/97)