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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01193

1. Corporation Name

**IMPERIAL LAKES ESTATES HOMEOWNERS ASSOCIATION, I
NC.**

Principal Place of Business

8565 CROWN'S CT.
PALMETTO FL 34221

Mailing Address

5899 WHITFIELD AVE
STE 107
SARASOTA FL 34243
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/01/1984

4. FEI Number

59-2373226

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**ADVANCED MANAGEMENT OF S.W. FLORIDA INC
5899 WHITFIELD AVE
STE 107
SARASOTA FL 34243**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME ROWE, ROGER C
STREET ADDRESS 8505 IMPERIAL CIR
CITY-ST-ZIP PALMETTO FL 34221

TITLE SD ☒ DELETE
NAME HUNTER, JAN
STREET ADDRESS 8457 IMPERIAL COURT
CITY-ST-ZIP PALMETTO FL 34221

TITLE VD ☐ DELETE
NAME TRUITT, RAYMOND
STREET ADDRESS 8435 REGAL WAY
CITY-ST-ZIP PALMETTO FL 34221

TITLE D ☐ DELETE
NAME LAWRENCE, GEORGE
STREET ADDRESS 8475 IMPERIAL CIR
CITY-ST-ZIP PALMETTO FL 34221

TITLE TD ☐ DELETE
NAME APPELEGATE, PAULINE
STREET ADDRESS 8411 REGAL WAY
CITY-ST-ZIP PALMETTO FL 34221

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☐ Addition
1.2 NAME ROWE, ROGER C
1.3 STREET ADDRESS 8505 IMPERIAL CIR
1.4 CITY-ST-ZIP PALMETTO FL 34221

2.1 TITLE SD ☐ Change ☒ Addition
2.2 NAME HUNTER, GEORGE
2.3 STREET ADDRESS 8533 IMPERIAL CIR
2.4 CITY-ST-ZIP PALMETTO FL 34221

3.1 TITLE VD ☐ Change ☐ 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 ☐ Change ☐ Addition
4.2 NAME LAWRENCE, GEORGE
4.3 STREET ADDRESS 8475 IMPERIAL CIR
4.4 CITY-ST-ZIP PALMETTO FL 34221

5.1 TITLE TD ☐ Change ☐ Addition
5.2 NAME APPELEGATE, PAULINE
5.3 STREET ADDRESS 8411 REGAL WAY
5.4 CITY-ST-ZIP PALMETTO FL 34221

6.1 TITLE ☐ Change ☐ 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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)