

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90073 014 \*\*\*\*61.25

**DOCUMENT # N01193**

1. Entity Name

**IMPERIAL LAKES ESTATES MASTER ASSOCIATION, INC.**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9031 TOWN CENTER PKWY  
 BRADENTON FLORIDA  
 34202 MANATEE

4. FEI Number

59-2373226

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE PD MER RUSCH  
 NAME 8519 COUNTESS AVE CIR.  
 STREET ADDRESS PALMETTO, FL 34221 ☐ Change ☒ Addition

TITLE VD  
 NAME TIMMER, GEORGE  
 STREET ADDRESS 8533 IMPERIAL CIR  
 CITY-ST-ZIP PALMETTO FL 34221 ☐ Delete

TITLE SD  
 NAME TIMMER, GEORGE  
 STREET ADDRESS 8533 IMPERIAL CIR.  
 CITY-ST-ZIP PALMETTO, FL 34221 ☒ Change ☐ Addition

TITLE STD  
 NAME FRANK, JOHN  
 STREET ADDRESS 8473 IMPERIAL CIRCLE  
 CITY-ST-ZIP PALMETTO FL 34221 ☐ Delete

TITLE VD  
 NAME TED RAGGHIANI  
 STREET ADDRESS 8438 IMPERIAL CIRCLE  
 CITY-ST-ZIP PALMETTO, FL ☒ Change ☐ Addition

TITLE D  
 NAME MCMAHON, NEIL S  
 STREET ADDRESS 8416 REGAL WAY  
 CITY-ST-ZIP PALMETTO FL 34221 ☒ Delete

TITLE TD  
 NAME JOHN FRANK  
 STREET ADDRESS 8473 IMPERIAL CIRCLE  
 CITY-ST-ZIP PALMETTO, FL 34221 ☒ Change ☐ Addition

TITLE D  
 NAME RAGGHIANI, TED  
 STREET ADDRESS 8438 IMPERIAL CIR  
 CITY-ST-ZIP PALMETTO FL 34221 ☐ Delete

TITLE D  
 NAME TOM Bilello  
 STREET ADDRESS 8529 COUNTESS Ave Cir  
 CITY-ST-ZIP PALMETTO, FL 34221 ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 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 #

1-25-02

722-0512

CR2E037 (9/01)