FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01264** **(3)**

1. Corporation Name

IMPERIAL LAKES ESTATES (UNITE #1) CONDOMINIUM AS SOCIATION, INC.

Principal Place of Business	Mailing Address
8210 IMPERIAL GOLF COURCE BLVD BOX 333 PALMETTO FL 34221	8210 IMPERIAL GOLF COURCE BLVD BOX 333 PALMETTO FL 34221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1984
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2477109 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Palmetto, Fl	26 8565 Crowns Court Box 333 Palmetto, Fl 34221
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Palmetto, Fl 34221
Zip / Country 24 34221 / 25 USA	Zip / Country 29 34221 / 30 USA

Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANCHOR PROPERTY MANAGEMENT, INC.
~~2117 SOUTH DALE MABRY~~
TAMPA FL ~~33629~~

10. Name and Address of New Registered Agent

81 Name: ANCHOR PROPERTY MGMT, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 5519-B HANLEY ROAD
83
84 City: TAMPA FL 85 Zip Code: 33634

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Ray A. Carew — Tico Q. Perez, Asst — 2/10/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE P/D	P/D	☒ Change ☐ Addition
NAME	RUPP, DOROTHY	1.2 NAME	Emily Rowe	
STREET ADDRESS	8304 IMPERIAL G/C BLVD	1.3 STREET ADDRESS	8505 Imperial Circle	
CITY-ST-ZIP	PALMETTO FL	1.4 CITY-ST-ZIP	Palmetto, Fl 34221	
TITLE	D	2.1 TITLE	V/S/D	☒ Change ☐ Addition
NAME	FIEDLER, GERALDINE	2.2 NAME	Mary Ann Broos	
STREET ADDRESS	6920 PENNSYLVANIA AVE.	2.3 STREET ADDRESS	8530 Imperial Circle	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Palmetto, Fl 34221	
TITLE	SD	3.1 TITLE	D	☒ Change ☐ Addition
NAME	BONNING, HELEN	3.2 NAME	Pat Anderson	
STREET ADDRESS	6203 IMPERIAL GOLF CRS BLVD	3.3 STREET ADDRESS	8532 Imperial Circle	
CITY-ST-ZIP	PALMETTO FL	3.4 CITY-ST-ZIP	Palmetto, Fl 34221	
TITLE	PD	4.1 TITLE	D	☒ Change ☐ Addition
NAME	ROWE, EMILY	4.2 NAME	James Carlton	
STREET ADDRESS	6305 IMPERIAL G/C BLVD	4.3 STREET ADDRESS	8412 Princess Court	
CITY-ST-ZIP	PALMETTO FL 34221	4.4 CITY-ST-ZIP	Palmetto, Fl 34221	
TITLE	VP	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BROOS, MARY ANN	5.2 NAME	Mac Disbrow	
STREET ADDRESS	8403 IMPERIAL G/C BLVD	5.3 STREET ADDRESS	8505 Princess Court	
CITY-ST-ZIP	PALMETTO FL 34221	5.4 CITY-ST-ZIP	Palmetto, Fl 34221	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 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: Emily K. Rowe — Emily K. Rowe-President — 2-10-95 — 813-722-1264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043750