

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N01264 (3)

1. Corporation Name

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

Principal Place of Business

8210 IMPERIAL GOLF COURSE BLVD
BOX 333
PALMETTO FL 34221
US

Mailing Address

8565 CROWNS COURT
BOX 333
PALMETTO FL 34221
US



3. Date Incorporated or Qualified
02/07/1984

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2477109

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANCHOR PROPERTY MANAGEMENT INC
5519-B IANLEY RD
TPMA FL 33634

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROWE, EMILY	
STREET ADDRESS	8505 IMPERIAL CIRCLE	
CITY-ST-ZIP	PALMETTO FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BROOS, MARY ANN	
STREET ADDRESS	8530 IMPERIAL CIRCLE	
CITY-ST-ZIP	PALMETTO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, PAT	
STREET ADDRESS	8532 IMPERIAL CIRCLE	
CITY-ST-ZIP	PALMETTO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARLTON, JAMES	
STREET ADDRESS	8412 PRINCESS COURT	
CITY-ST-ZIP	PALMETTO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DISBROW, MAC	
STREET ADDRESS	8505 PRINCESS COURT	
CITY-ST-ZIP	PALMETTO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DS <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GEORGE LAWRENCE
3.3 STREET ADDRESS	8475 IMPERIAL CIRCLE
3.4 CITY-ST-ZIP	PALMETTO, FL 34221
4.1 TITLE	DT <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DEN HARTMAN
4.3 STREET ADDRESS	8503 PRINCESS CT.
4.4 CITY-ST-ZIP	PALMETTO, FL 34221
5.1 TITLE	DVP <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	AL HAGLUND
5.3 STREET ADDRESS	8507 PRINCESS CT.
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 Mar '96 1-941-722-1264

CR2E037 (12/95)