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Mar 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

Mailing Address

8210 IMPERIAL GOLF COURSE BLVD
BOX 333
PALMETTO FL 34221
US

8565 CROWNS COURT
BOX 333
PALMETTO FL 34221-8432
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/07/1984

3a. Date of Last Report

03/29/1996

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

10. Name and Address of New Registered Agent

ANCHOR PROPERTY MANAGEMENT INC
5519-B IANLEY RD
Tampa 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 ☐ DELETE

NAME ROWE, EMILY
STREET ADDRESS 8505 IMPERIAL CIRCLE
CITY-ST-ZIP PALMETTO FL

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME BROOS, MARY ANN
STREET ADDRESS 8530 IMPERIAL CIRCLE
CITY-ST-ZIP PALMETTO FL

2.1 TITLE ☐ Change ☐ Addition

TITLE DS ☐ DELETE

NAME LAWRENCE, GEORGE
STREET ADDRESS 8475 IMPERIAL CIRCLE
CITY-ST-ZIP PALMETTO FL

3.1 TITLE ☐ Change ☐ Addition

TITLE DT ☐ DELETE

NAME HARTMAN, DEN
STREET ADDRESS 8503 PRINCESS CT
CITY-ST-ZIP PALMETTO FL

4.1 TITLE ☐ Change ☐ Addition

TITLE DV ☐ DELETE

NAME HAGLUND, AL
STREET ADDRESS 8507 PRINCESS CT
CITY-ST-ZIP PALMETTO FL

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

Emily K. Rowe EMILY K. ROWE 7/4/97 1-941-722-1264

CR2E037 (9/96)