

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 8585 CROWNS COURT BOX 333 PALMETTO FL 34221 US
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3. Date Incorporated or Qualified 02/07/1984	
4. FEI Number 59-2477109	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent ANCHOR PROPERTY MANAGEMENT INC 5519-B IANLEY RD Tampa FL 33634
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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

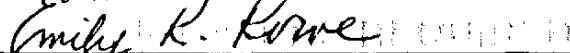
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PO <input type="checkbox"/> DELETE
NAME	ROWE, EMILY
STREET ADDRESS	8505 IMPERIAL CIRCLE
CITY-ST-ZIP	PALMETTO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BROOS, MARY ANN
STREET ADDRESS	8530 IMPERIAL CIRCLE
CITY-ST-ZIP	PALMETTO FL
TITLE	DS <input checked="" type="checkbox"/> DELETE
NAME	LAWRENCE, GEORGE
STREET ADDRESS	8475 IMPERIAL CIRCLE
CITY-ST-ZIP	PALMETTO FL
TITLE	DT <input checked="" type="checkbox"/> DELETE
NAME	HARTMAN, KEN
STREET ADDRESS	8503 PRINCESS CT
CITY-ST-ZIP	PALMETTO FL
TITLE	DV <input checked="" type="checkbox"/> DELETE
NAME	HAGLUND, AL
STREET ADDRESS	8507 PRINCESS CT
CITY-ST-ZIP	PALMETTO FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Stephen Bauer
3.3 STREET ADDRESS	8547 Imperial Circle
3.4 CITY-ST-ZIP	Palmetto FL 34221
4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lorraine Ragghianti
4.3 STREET ADDRESS	8488 Imperial Circle
4.4 CITY-ST-ZIP	Palmetto, FL 34221
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Yvonne McVann
5.3 STREET ADDRESS	8465 Imperial Circle
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 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: 

CR2E037 (10/97)