

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90076 007 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01264

1. Corporation Name

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

Principal Place of Business
 8210 IMPERIAL GOLF COURSE BLVD
 BOX 333 OF SW FL. INC
 PALMETTO FL 34221
 US 5899 WHITFIELD AVE
 STE 107 - SAR FL 34243

Mailing Address
 8565 CROWNS COURT
 BOX 333
 PALMETTO FL 34221
 US 5899 WHITFIELD AVE
 STE 107 - SAR FL 34243



2. Principal Place of Business 21 ADVANCED MANAGEMENT OF SW FL. INC Suite, Apt. #, etc. 22 107 City & State 23 SAR. FL. Zip 24 34243	2a. Mailing Address 26 5899 WHITFIELD AVE Suite, Apt. #, etc. 27 STE 107 City & State 28 SAR. FL. Zip 29 34243	3. Date Incorporated or Qualified 02/07/1984 4. FEI Number 59-2477109 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent ADVANCED MANAGEMENT OF SW FL. INC ANCHOR PROPERTY MANAGEMENT INC 5640 B HANLEY RD TAMPA FL 33634 STE 107 - SAR FL. 34243	10. Name and Address of New Registered Agent 81 Name ADVANCED MANAGEMENT OF SW FL. 82 Street Address (P.O. Box Number is Not Acceptable) 5899 WHITFIELD AVE STE 107 83 SARASOTA FL. 84 City FL 85 Zip Code 34243
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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 DEW. J. SOA DATE 3-26-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROWE, EMILY	1.2 NAME	POW, Emily
STREET ADDRESS	8505 IMPERIAL CIRCLE	1.3 STREET ADDRESS	8505 IMPERIAL CIRCLE
CITY-ST-ZIP	PALMETTO FL	1.4 CITY-ST-ZIP	PALMETTO FL 34221
TITLE	DS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BROOS, MARY ANN	2.2 NAME	BROOS, MARY ANN
STREET ADDRESS	8530 IMPERIAL CIRCLE	2.3 STREET ADDRESS	8530 IMPERIAL CIRCLE
CITY-ST-ZIP	PALMETTO FL	2.4 CITY-ST-ZIP	PALMETTO FL 34221
TITLE	DV ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BAUER, STEPHEN	3.2 NAME	BAUER, STEPHEN
STREET ADDRESS	8547 IMPERIAL CIR	3.3 STREET ADDRESS	8547 IMPERIAL CIR
CITY-ST-ZIP	PALMETTO FL 34221	3.4 CITY-ST-ZIP	PALMETTO FL 34221
TITLE	DT ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RAGGHIARTI, LORRIANE	4.2 NAME	RAGGHIARTI, LORRIANE
STREET ADDRESS	8488 IMPERIAL COURT	4.3 STREET ADDRESS	8488 IMPERIAL COURT
CITY-ST-ZIP	PALMETTO FL 34221	4.4 CITY-ST-ZIP	PALMETTO FL 34221
TITLE	D ☒ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME	MCVANN, YVONNE	5.2 NAME	MCVANN, YVONNE
STREET ADDRESS	8565 IMPERIAL CIR	5.3 STREET ADDRESS	8565 IMPERIAL CIR
CITY-ST-ZIP	PALMETTO FL 34221	5.4 CITY-ST-ZIP	PALMETTO FL 34221
TITLE	☐ DELETE	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 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, with all other like empowered.

SIGNATURE: Emily Rowe **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-99 (941) 722-1264

Date Daytime Phone #

CR2E037 (1/98)