2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # N01264** 1. Entity Name IMPERIAL LAKES ESTATES (UNITE #1) CONDOMINIUM AS Mailing Address Principal Place of Business ADVANCED MANAGEMENT ADVANCED MANAGEMENT 5899 WHITFIELD AVE STE 107 5899 WHITFIELD AVE STE 107

FILED Apr 10, 2000 8:00 am Secretary of State

04-10-2000 90041 034 ****61.25

SARASOTA FL US		SARASOTA FL 34243-3127 US				; 	rii ar ia) ilduu il aia d iiil	1170 0101 11211 1170 0101 11211	3/8 // 8/8 // 8/	DII 81811 1881	
2. Principal P	Place of Business	3. Mailing Address Suite, Apt. #, etc. City & State				DO NOT WRITE IN THIS SPACE					
Suite, Apt.	#, etc.										
City & Stat	е					4. FEI Number 59-2477109				pplied For lot Applicable	7
Zip	Country Zip		Cou	Country						.75 Additional Required	
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New F	legistered A	jent		1
		Name			<u></u>				- -		
	D MANAGEMENT OF SW FL FIELD AVE STE 107		Street Address (P.O. Box Number is Not Acceptable)								
-	A FL 34243										╛
				City				FL	Zip Coo	de	-
8. The above	named entity submits this statement for	or the nurnose of changing its	registere	L ed office or	registere	ed agent, or both	n. in the state of Flo	rida.			1
3°	That is the same and state in the same is	and perpose of strainging to			9		,				
2,			٠,								
SIGNATURE								2475			
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registere	d Agent signatu	re required v	when reinstating)		DATE			
	n Financii			May Be		e Check Pa		0			
	FEE IS \$61.25	Trust Fund Contrib	ution.	Li	Added	to Fees	De	partment o	of State		1
10.	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1						┨		
	OFFICERS AND DI	Delete		TITLE		DDITIONOTOTI	ANGEO TO OTT OE		Change	Addition	ģ
TITLE NAME	ROWE, EMILY	L Delete	NAM	I							Įě
	8505 IMPERIAL CIRCLE			STREET ADDRESS							E037
CITY-ST-ZIP	PALMETTO FL			CITY-ST-ZIP							jj
TITLE (□ Delete		TITLE					Change	Addition	78
NAME	BROOS, MARY ANN	G · /		NAME					-		
STREET ADDRESS	8530 IMPERIAL CIRCLE			STREET ADDRESS							
CITY-ST-ZIP	PALMETTO FL	. с		-ST-ZIP							╛
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NAME	BAUER_STEPHEN					nard, R				$\Lambda\Lambda$	1
STREET ADDRESS	8547 IMPERIAL CIR			I 3111LL ADDILLOS I 830		1 Princess Court					-
CITY-ST-ZIP	PALMETTO_EL 34221		CITY	-ST-ZIP			FL 34221				_
TITLE	OT) - (STD)	☐ Delete		TITLE		,		•	Change	Addition	1
NAME	RAGGHIARTI, LORRIANE	l	NAM	- 1							
STREET ADDRESS	8488 IMPERIAL COURT			ET ADDRESS							
CITY-ST-ZIP	PALMETTO FL 34221		CHY	-ST-ZIP							4
TITLE	(D) -(D)	Delete	TITLE	ľ					Change	☐ Addition	
NAME CTREET ADDRESS	BAYLES, GARRETT - GARRELL			I							1
STREET ADDRESS	00 10 1111 2111 2 011 .			STREET ADDRESS CITY-ST-ZIP							
CITY-ST-ZIP	PALMETTO FL 34221	theatt					-				4
TITLE	——		TITLE NAMI						☐ Change	Addition	
NAME STREET ADDRESS	BROOS, MARY ANN			ET ADDRESS							
STREET ADDRESS 8530 IMPERIAL CIRCLE CITY-ST-ZIP PAI METTO EL 24221				-ŜT-ZIP							İ
19 harab	PALMETTO FL 34221	this filing does not qualify for	┸.		od in Soc	ction 119.07(2\/) Florida Statutos	I further corti	fy that the	information	+

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with appther like empowered.

SIGNATURE: MELLANCIUE TREQUIRED