



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90130 001 \*\*\*\*61.25

<b>DOCUMENT # N01264</b> 1. Entity Name <b>IMPERIAL LAKES ESTATES CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>8565 CROWNS COURT PALMETTO FL 34221 US</b>				Mailing Address <b>8565 CROWNS COURT PALMETTO FL 34221 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  <b>MOORE CR2E037 (11/03)</b>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-2477109</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WELLS, KEVIN T ESQ 2033 MAIN STREET, SUITE 403 SARASOTA FL 34237</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u><i>Hugh Grigsby - Kesja Grigsby - Mgr.</i></u> <b>2/2/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>Director</b>	NAME <b>FRANKE, JOHN C</b>		TITLE <b>Vice-President</b>	NAME <b>Paul Cormier</b>	
STREET ADDRESS <b>8473 IMPERIAL CIR</b>	CITY-ST-ZIP <b>PALMETTO FL 34221</b>		STREET ADDRESS <b>8542 Countess Ave. Cir.</b>	CITY-ST-ZIP <b>Palmetto, FL 34221</b>	
TITLE <b>D</b>	NAME <b>MOORE, WESLEY</b>		TITLE <b>Secretary</b>	NAME <b>Diana Sewell</b>	
STREET ADDRESS <b>8509 MONARCH PLACE</b>	CITY-ST-ZIP <b>PALMETTO FL 34221</b>		STREET ADDRESS <b>8515 Countess Ave. Cir.</b>	CITY-ST-ZIP <b>Palmetto, FL 34221</b>	
TITLE <b>VSD</b>	NAME <b>BICKLE, WAYNE</b>		TITLE <b>Treasurer</b>	NAME <b>Bill Rickly</b>	
STREET ADDRESS <b>8531 IMPERIAL CIR</b>	CITY-ST-ZIP <b>PALMETTO FL 34221</b>		STREET ADDRESS <b>8521 Countess Ave. Cir.</b>	CITY-ST-ZIP <b>Palmetto, FL 34221</b>	
TITLE <b>D</b>	NAME <b>LAWRENCE, GEORGE</b>		TITLE <b>Director</b>	NAME <b>Phyllis Spangler</b>	
STREET ADDRESS <b>8475 IMPERIAL CIRCLE</b>	CITY-ST-ZIP <b>PALMETTO FL 34221</b>		STREET ADDRESS <b>8402 Imperial Circle</b>	CITY-ST-ZIP <b>Palmetto, FL 34221</b>	
TITLE <b>Director</b>	NAME <b>ARCOLESSE, ANTHONY</b>		TITLE <b>Director</b>	NAME <b>Gene Cluckey</b>	
STREET ADDRESS <b>8518 IMPERIAL CIR</b>	CITY-ST-ZIP <b>PALMETTO FL 34221</b>		STREET ADDRESS <b>8513 Countess Ave. Cir.</b>	CITY-ST-ZIP <b>Palmetto, FL 34221</b>	
TITLE <b>President</b>	NAME <b>Pat Milius</b>		TITLE <b>Director</b>	NAME <b>Gene Cluckey</b>	
STREET ADDRESS <b>8426 Regal Way</b>	CITY-ST-ZIP <b>Palmetto, FL 34221</b>		STREET ADDRESS <b>8513 Countess Ave. Cir.</b>	CITY-ST-ZIP <b>Palmetto, FL 34221</b>	
12. 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 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 all other like empowered.					
SIGNATURE: <u><i>Paul Cormier</i></u> <b>4/13/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					