## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2005 8:00 am Secretary of State

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DOCUMENT # N01264  1. Entity Name IMPERIAL LAKES ESTATES CONDOMINIUM ASSOCIATION, INC.										7 010 ****(	61.25
Principal Place 8565 CROWN PALMETTO, F	IS COURT	8565	Address CROWNS COURT ETTO, FL 34221	US				1401 1401		MI'DII AKBII UKBIL ULU	IKKOLOGI NOBO
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.					04242005	Chg-NP	CR2E	037 (10/03)	
City & State		City & State				4. FEI Number 59-2477109			<u> </u>	oplied For	
Zip	Country	Zip		Cou	intry		5. Certificate	of Status Desir	ed 🗆	\$8.75 Add	ditional
	6. Name and Address of Current	t Registere	d Agent				7. Name and	Address of N	ew Registere	d Agent	
WELLS, KI		Name			7. Name and Address of New Registered Agent						
	I STREET, SUITE 403 A, FL 34237				Street Ac	dress ()	P.O. Box Numbe	er is Not Accep	table)		
					City	<del></del>			F	Zip Cod	e
	named entity submits this statement for ions of registered agent.	or the purpo	ose of changing its re	egistere	ed office or	register	ed agent, or bot	h, in the State		<del>-</del>	and accept
o oungu	ions or regional de agonti.										
OLONIATURE											
SIGNATURE .	Signature, typed or printed name of registered agent	nt and title if app	icable. (NOTE:	Registere	d Agent signatu	ire required	when reinstating)		DATE	:	<del> </del>
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005	nt and title if appl	9. Election Camp	paign F	inancing	re required	when reinstating) \$5.00 May B Added to Fees	e e	Make che	eck payable t	
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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.

CITY-ST-ZIP

SIGNATURE:

PALMETTO, FL 34221

SIGNATURE AND TYPET OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05

34221

PALMETTO FL

Daytime Phone #