2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jul 23, 2005 DOCUMENT# N01264 Secretary of State

Entity Name: IMPERIAL LAKES ESTATES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8565 CROWNS COURT PALMETTO, FL 34221 LIS

Current Mailing Address: New Mailing Address:

8565 CROWNS COURT PALMETTO, FL 34221 US

FEI Number: 59-2477109 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WELLS, KEVIN T ESQ 2033 MÁIN STREET, SUITE 403 SARASOTA, FL 34237

OFFICERS AND DIRECTORS:

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.

SIGNATURE:

Date

City-St-Zip:

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

FRANKE, JOHN C Name: Name: 8471 IMPERIAL CIR Address: Address: City-St-Zip: PALMETTO, FL 34221

Title: () Delete Title: () Change () Addition

BARNARD, RICHARD Name: Name: Address: 8417 IMPERIAL CIRCLE Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

SEWELL, AARON RICKLY, BILL Name: Name:

8515 COUNTESS AVE CIR. 8521 COUNTESS AVE CIR. Address: Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip: PALMETTO, FL 34221

() Delete Title: SD Title: SD (X) Change () Addition

MILION, PAT Name: Name: MILIUS, PAT 8426 RECAL WAY Address: Address: 8426 RECAL WAY City-St-Zip: PALMETTO, FL 34221 City-St-Zip: PALMETTO, FL 34221

Title: () Delete Title: () Change () Addition

COTTER, TOM Name: Name: 8505 COUNTESS AVE Address: Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

RICKLY, BILL TRIMPE, JULIE Name: Name: Address: 8521 COUNTESS AVE. CIR. Address: 381 INTERSTATE BLVD PALMETTO, FL 34221 SARASOTA, FL 34240 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE TRIMPE VP 07/23/2005