


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90362 009 ****61.25

DOCUMENT # N01264 1. Entity Name IMPERIAL LAKES ESTATES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8565 CROWNS COURT PALMETTO, FL 34221 US			Mailing Address 8565 CROWNS COURT PALMETTO, FL 34221 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2477109	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WELLS, KEVIN T ESQ 2033 MAIN STREET, SUITE 403 SARASOTA, FL 34237			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANKE, JOHN C		NAME	MANNIE HENDRIX	
STREET ADDRESS	8471 IMPERIAL CIR		STREET ADDRESS	8431 IMPERIAL CIRCLE	
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	V	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNARD, RICHARD		NAME	RICHARD BARNARD	
STREET ADDRESS	8417 IMPERIAL CIRCLE		STREET ADDRESS	8417 IMPERIAL CIRCLE	
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICKLY, BILL		NAME	MARGARET HAETZLER	
STREET ADDRESS	8521 COUNTESS AVE CIR.		STREET ADDRESS	8433 CASTLE GARDEN BL	
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILIUS, PAT		NAME	KATE SWADLING	
STREET ADDRESS	8426 RECAL WAY		STREET ADDRESS	8486 IMPERIAL CIRCLE	
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	ASST. TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COTTER, TOM		NAME	PAT GLUDER	
STREET ADDRESS	8505 COUNTESS AVE		STREET ADDRESS	8518 MONARCH PL.	
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	JULIE TRIMPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIMPE, JULIE		NAME	JULIE TRIMPE	
STREET ADDRESS	381 INTERSTATE BLVD		STREET ADDRESS	381 INTERSTATE BLVD	
CITY-ST-ZIP	SARASOTA, FL 34240		CITY-ST-ZIP	SARASOTA FL 34240	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Kathleen Swadling</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 3/23/06 <small>Daytime Phone #</small>		