

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01264

FILED
Feb 16, 2009
Secretary of State

Entity Name: IMPERIAL LAKES ESTATES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8565 CROWNS COURT
PALMETTO, FL 34221 US

New Principal Place of Business:

Current Mailing Address:

8565 CROWNS COURT
PALMETTO, FL 34221 US

New Mailing Address:

FEI Number: 59-2477109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, KEVIN T ESQ
THE LAW OFFICES OF KEVIN T. WELLS, P.A
22 S. LINKS AVENUE, SUITE 301
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HENDRIX, MANNIE
Address: 8481 IMPERIAL CIR
City-St-Zip: PALMETTO, FL 34221

Title: VP () Delete
Name: PATTERSON, MARION
Address: 8441 CASTLE GARDEN RD
City-St-Zip: PALMETTO, FL 34221

Title: T () Delete
Name: LESAK, JOE
Address: 8527 COUNTESS AVE CIR
City-St-Zip: PALMETTO, FL 34221

Title: S () Delete
Name: BURKE, BILL
Address: 8401 IMPERIAL CIR
City-St-Zip: PALMETTO, FL 34221

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: LESAK, JOSEPH
Address: 8527 COUNTESS AVE CIR
City-St-Zip: PALMETTO, FL 34221

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: LONG, CHET
Address: 8512 COUNTESS AVE. CIR.
City-St-Zip: PALMETTO, FL 34221

Title: D () Change (X) Addition
Name: VENEMA, DAVE
Address: 5904 EMPRESS LANE
City-St-Zip: PALMETTO, FL 34221

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MANNIE HENDRIX

P

02/16/2009

Electronic Signature of Signing Officer or Director

Date