

NO1264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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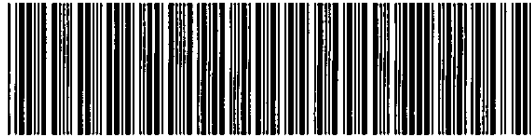
(Business Entity Name)

(Document Number)

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@ 9/3/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Imperial Lakes Estates Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N01264

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin T. Wells, Esq.

Name of Contact Person

The Law Offices of Kevin T. Wells, P.A.

Firm/Company

1800 Second Street, Suite 803

Address

Sarasota, Florida 34236

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin T. Wells, Esq.

Name of Contact Person

at (941)

366-9191

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2009

KEVIN T. WELLS, ESQ.
THE LAW OFFICES OF KEVIN T. WELLS, P.A.
1800 SECOND STREET - SUITE 803
SARASOTA, FL 34236

SUBJECT: IMPERIAL LAKES ESTATES CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N01264

We have received your document for IMPERIAL LAKES ESTATES CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 309A00028260

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2009 AUG 31 AM 8:00

RETAIRY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Imperial Lakes Estates Condominium Association, Inc.
2. The principal office address: 8565 Crowns Court, Palmetto, Florida 34221

3. The mailing address (if different): 8565 Crowns Court, Palmetto, Florida 34221

4. Date of incorporation/qualification: 02/07/1984 Document number: N01264

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) Wells, Kevin T. Esq.
Kevin Wells P.A. The Law Offices of Kevin T. Wells, P.A.
22 S. Links Avenue, Suite 301
Sarasota, Florida 34236

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

The Law Offices of Kevin T. Wells, P.A.
1800 Second Street, Suite 803
P.O. Box NOT acceptable
Sarasota, Florida 34236

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Marion R. Patterson
Signature of an officer or director

MARION R. PATTERSON
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Kevin T. Wells
Signature of Registered Agent

7/6/09
Date

If signing on behalf of an entity:

Kevin T. Wells, Esq.
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)