

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90064 007 \*\*\*\*61.25

**DOCUMENT # N01264**

1. Entity Name

**IMPERIAL LAKES ESTATES (UNIT #1) CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

9031 TOWNCENTER PKWY  
BRADENTON FL 34202  
US

Mailing Address

8565 CROWNS CT.  
PALMETTO FL 34221  
US

2. Principal Place of Business

**380 Interstate Court.**

Suite, Apt. #, etc.

**Ste 203**

City & State

**Sarasota FL**

Zip  
**34240**

Country  
**USA**

3. Mailing Address

**380 Interstate Court**

Suite, Apt. #, etc.

**Ste 203**

City & State

**Sarasota FL**

Zip  
**34240**

Country  
**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2477109**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ADVANCED MANAGEMENT OF SW FL**  
**5899 WHITFIELD AVE STE 107**  
**SARASOTA FL 34240**

*Recent filing to  
change to:  
Kevin Wells  
Indeck & Hanson, Wells  
3/2003*

7. Name and Address of New Registered Agent

Name **SunVest Mgmt. Kevin Wells**

Street Address (P.O. Box Number is Not Acceptable)

**380 Interstate Court, Ste 203**

City **Sarasota**

FL

Zip Code  
**34240**

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

*Kevin Wells for SunVest Mgmt.* **SunVest Mgmt.** **3/25/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **FRANKE, JOHN C**  
STREET ADDRESS **8473 IMPERIAL CIR**  
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **VPD** ☒ Delete  
NAME **BARRY, JOAN A**  
STREET ADDRESS **8544 IMPERIAL CIRCLE**  
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **D** ☐ Delete  
NAME **BICKLE, WAYNE**  
STREET ADDRESS **8531 IMPERIAL CIR**  
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **STD** ☒ Delete  
NAME **RAGGHIANI, LORRIANE**  
STREET ADDRESS **8518 IMPERIAL CIR**  
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **D** ☐ Delete  
NAME **ARCOLESSE, ANTHONY**  
STREET ADDRESS **8518 IMPERIAL CIR**  
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Vice Treasurer, D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition  
NAME **Wesley Moore**  
STREET ADDRESS **9509 Monarch Place**  
CITY-ST-ZIP **Palmetto, FL 34221**

TITLE **Vice-President/Secretary, D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition  
NAME **George Lawrence**  
STREET ADDRESS **8475 Imperial Circle**  
CITY-ST-ZIP **Palmetto, FL 34221**

TITLE **President, D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

*Kevin Wells* **SIGNATURE REQUIRED**

**3/25/03**

CR2E037 (10/02)