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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14274

1. Corporation Name

IMPERIAL LAKES ESTATES, UNIT II, CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

8565 CROWN'S COURT
PALMETTO FL 34221

Mailing Address

ADVANCED MANAGEMENT OF S.W. FLORIDA INC
5899 WHITFIELD AVE. STE 107
SARASOTA FL 34243
US

155423 - 90076 - 10



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

04/09/1986

4. FEI Number

59-2373226

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ADVANCED MANAGEMENT OF S.W. FLORIDA INC
5899 WHITFIELD AVE
STE 107
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME APPLGATE, DON
STREET ADDRESS 8411 RAGAL WAY
CITY-ST-ZIP PALMETTO FL 34221 ☒ DELETE

TITLE DST
NAME SCHNEIDER, BILL
STREET ADDRESS 8456 CASTLE GARDEN ROAD
CITY-ST-ZIP PALMETTO FL 34221 ☒ DELETE

TITLE DV
NAME HINSDALE, HOWARD
STREET ADDRESS 8417 IMPERIAL CIR
CITY-ST-ZIP PALMETTO FL 34221 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME TRUITT, ELAINE
1.3 STREET ADDRESS 8435 Regal Way
1.4 CITY-ST-ZIP PALMETTO, FL. 34221 ☐ Change ☒ Addition

2.1 TITLE VD
2.2 NAME THOMAS, BILL
2.3 STREET ADDRESS 8426 Regal Way
2.4 CITY-ST-ZIP PALMETTO, FL. 34221 ☐ Change ☒ Addition

3.1 TITLE STD
3.2 NAME WARREN, ROBERT
3.3 STREET ADDRESS 8425 IMPERIAL CIR
3.4 CITY-ST-ZIP PALMETTO, FL 34221 ☐ Change ☒ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elaine Truitt* SIGNATURE REQUIRED

2-5-99

Date

Daytime Phone #

CR2E037 (11/98)