

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90073 013 ****61.25

DOCUMENT # N14274

1. Entity 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**

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

59-2373226

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$81.25

9. Election Campaign Financing
Trust Fund Contribution, ☐

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **MARTELL, STUART**
STREET ADDRESS **8438 IMPERIAL CIRCLE**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **PD** ☐ Change ☒ Addition
NAME **RICHARD PRAIRIE**
STREET ADDRESS **8457 IMPERIAL CIRCLE**
CITY-ST-ZIP **PALMETTO, FL 34221**

TITLE **VD** ☒ Delete
NAME **MAYS, JAMES L**
STREET ADDRESS **8433 IMPERIAL CIRCLE**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **VD** ☐ Change ☒ Addition
NAME **MAUREEN VERARDI**
STREET ADDRESS **8445 CASTLE GARDEN RD.**
CITY-ST-ZIP **PALMETTO, FL 34221**

TITLE **STD** ☒ Delete
NAME **WARREN, ROBERT**
STREET ADDRESS **8425 IMPERIAL CIR**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **SD** ☐ Change ☒ Addition
NAME **BERTHA PARKIN**
STREET ADDRESS **8427 IMPERIAL CIRCLE**
CITY-ST-ZIP **PALMETTO, FL 34221**

TITLE **D** ☒ Delete
NAME **BURKE, WILLIAM P**
STREET ADDRESS **8401 IMPERIAL CIRCLE**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **TD** ☐ Change ☒ Addition
NAME **RICHARD CONSTOCK**
STREET ADDRESS **8429 IMPERIAL CIRCLE**
CITY-ST-ZIP **PALMETTO, FL 34221**

TITLE **D** ☒ Delete
NAME **MAHON, NEIL S**
STREET ADDRESS **8416 REGAL WAY**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **D** ☐ Change ☒ Addition
NAME **LAWRENCE GOODWIN**
STREET ADDRESS **8416 CASTLE GARDEN RD.**
CITY-ST-ZIP **PALMETTO, FL 34221**

TITLE ☐ Delete
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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/02

Date

Daytime Phone #

CR2E037 (9/01)