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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N19995** **(2)**

1. Corporation Name

IMPERIAL PARK PLACE VILLAS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~C/O FINANCIAL MANAGEMENT SERVICES~~ ~~4933 TAMIAMI TR. N. #200~~ ~~NAPLES FL 34103~~ ~~US~~	~~C/O FINANCIAL MANAGEMENT SERVICES~~ ~~4933 TAMIAMI TR. N. #200~~ ~~NAPLES FL 34103~~ ~~US~~

3. Date Incorporated or Qualified: 04/06/1987

4. FEI Number: 65-0036843 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 c/o Newell Property Mgmt	26 c/o Newell Property Mgmt
Suite, Apt. #, etc. 22 4148A Corporate Square	Suite, Apt. #, etc. 27 4148A Corporate Square
City & State 23 Naples FL	City & State 28 Naples FL
Zip 24 34104 Country 25 USA	Zip 29 34104 Country 30 USA

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~WHITE, LAURAINE L~~ ~~4933 TAMIAMI TR N #200~~ ~~NAPLES FL 33103~~	81 Name: Newell, William 82 Street Address (P.O. Box Number is Not Acceptable): 4148A Corporate Square 83 84 City: Naples FL 85 Zip Code: 34104

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 _____ DATE 4/21/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~VD~~	☐ DELETE	1.1 TITLE	SD	☑ Change ☐ Addition
NAME	~~SPOTTE, WALTER~~		1.2 NAME	Spotte, Walter	
STREET ADDRESS	~~1397 PARK LAKE DR~~		1.3 STREET ADDRESS	1381 Park Lake Drive	
CITY-ST-ZIP	~~NAPLES FL 34110~~		1.4 CITY-ST-ZIP	Naples FL 34110	
TITLE	~~PD~~	☐ DELETE	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	~~KARAL, DONAL~~		2.2 NAME	Karal, Don	
STREET ADDRESS	~~1381 PARK LAKE DR~~		2.3 STREET ADDRESS	1397 Park Lake Drive	
CITY-ST-ZIP	~~NAPLES FL 34110~~		2.4 CITY-ST-ZIP	Naples FL 34110	
TITLE	~~DST~~	☑ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	~~STEIN, ALBERT~~		3.2 NAME	Rovelstad, William	
STREET ADDRESS	~~1382 PARK LAKE DR~~		3.3 STREET ADDRESS	1375 Park Lake Drive	
CITY-ST-ZIP	~~NAPLE FL~~		3.4 CITY-ST-ZIP	Naples FL 34110	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Walter V Spotte 4/21/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0061442