## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # N19995

1. Corporation Name

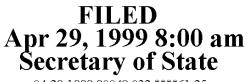
Principal Place of Business

IMPERIAL PARK PLACE VILLAS ASSOCIATION, INC.

1 Titloipai 1 1300 of Edomodo
C/O NEWELL PROPERTY MANAGEMENT 4148A CORPORATE SQUARE
NAPLES FL 34104

Mailing Address

C/O NEWELL PROPERTY MANAGEMENT 4148A CORPORATE SQUARE NAPLES FL 34104



04-29-1999 90048 032 \*\*\*\*61.25

US	3	U	3							
Principa Place of Business     The Place of Business     The Place of Business		2a. 26	2a. Mailing Address			3. Date ir corporated or Qualifed 04/06/1987				
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			4. FEI Number 65-0(36843	Applied For Not Applicable			
23	City & State		City & State			5. Certificate of Status Desired	\$8.75 Additional Fee Recuired			
24	Zip Cou	untry 29	Zip Country			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Name and Address of Current Registered Agent				81	10. Name and Address of New Registered Agent  81 Name					
NEWELL, WILLIAM 4148A CORPORATE SQUARE NAPLES FL 34104			82	82 Street Ac dress (P.O. Box Number is Not Acceptable)						
			83							
				84	City	FL	85 Zip Code			
11	office or registered agent, or b	Sections 617.0502 and 6 both, in the State of Florid	da. Such change was :	authorized by t	named corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the application	changing its registered intrent as registered			

agent. I am ramiliar with, and accept the colligations of, Section 617,0505, Fibrida Statutes.												
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOT E. Registered Agent signature required when reinstating)  DATE												
12.	OFFICERS AND DIRECTO	ORS	13.	ADDITION	S/CHANGES TO OFFICERS	S AND DIRECTOR						
TITLE	<del>-80 -</del>	☐ DELETE	1.1 TITLE	ND .		Change	☐ Addition					
NAME	-SPOTTE, WALTER		1.2 NAME	riootte.	Walter	ı						
STREET ADDRESS	1381 PARK LAKE DR		1.3 STREET ADDRESS	1281 DAY	k Lake Dill	<i>₽</i>						
CITY-ST-ZIP	MAPLES FL 34116		1.4 CITY-ST-ZIP	Naples	FL 34110							
TITLE	PD	☐ DELETE	2.1 TITLE	12	Canad	☐ Change	Addition					
NAME	KARAL, DON		2.2 NAME	Foster, y	incent ou	(+						
STREET ADDRESS	1397 PARK LAKE DR		2.3 STREET ADDRESS	13003 70	arktree Cou							
CITY-ST-ZIP	NAPLES FL 34110		2. 4 CITY-ST-ZIP	NADUS	Kr 34110							
TITLE	<del>-ID-</del>	□ DELETE	3.1 TITLE 5	TD '	1 . 5111	Change	☐ Addition					
NAME	ROBELSTAD, WILLIAM		3.2 NAME	45 ove 15,7	aa, Williar	Y)						
STREET ADDRESS	<del>1975 PARK LAKE DR</del>		3.3 STREET ADDRESS	1375 +10	irk lake Di	lue						
CITY-ST-ZIP	NAPLE FL 34110"		3.4. CITY-ST-ZIP	Naples	FL 341	10						
TITLE		☐ DELETE	4.1 TITLE	1		☐ 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									
			64 CITY ST 7ID	1								

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 attact ment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE & OR DIRECTOR

5|5|99 (\* 643 45,84 Dayline Phone # CR2E037 (11/9)