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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # N19995

1. Corporation Name

IMPERIAL PARK PLACE VILLAS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O NEWELL PROPERTY MANAGEMENT 4148A CORPORATE SQUARE NAPLES FL 34104 US	C/O NEWELL PROPERTY MANAGEMENT 4148A CORPORATE SQUARE NAPLES FL 34104 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

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

4. FEI Number: 65-0036843 ☐ 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

NEWELL, WILLIAM
4148A CORPORATE SQUARE
NAPLES FL 34104

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 ______________________ DATE
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	~~SD~~ ☐ DELETE	1.1 TITLE	VD ☑ Change ☐ Addition
NAME	~~SPOTTE, WALTER~~	1.2 NAME	Spotte, Walter
STREET ADDRESS	~~1381 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	D ☐ Change ☑ Addition
NAME	KARAL, DON	2.2 NAME	Foster, Vincent
STREET ADDRESS	1397 PARK LAKE DR	2.3 STREET ADDRESS	13003 Parktree Court
CITY-ST-ZIP	NAPLES FL 34110	2.4 CITY-ST-ZIP	Naples FL 34110
TITLE	~~TD~~ ☐ DELETE	3.1 TITLE	STD ☑ Change ☐ Addition
NAME	~~ROBELSTAD, WILLIAM~~	3.2 NAME	Rovelstad, William
STREET ADDRESS	~~1375 PARK LAKE DR~~	3.3 STREET ADDRESS	1375 Park Lake Drive
CITY-ST-ZIP	~~NAPLE FL 34110~~	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	

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: [signature] REQUIRED 3/5/99 (941) 643-4884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)