2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2001 8:00 am Secretary of State DOCUMENT # N19995 1. Entity Name 05-16-2001 90203 047 ****61.25 IMPERIAL PARK PLACE VILLAS ASSOCIATION, INC. Mailing Address Principal Place of Business C/O NEWELL PROPERTY MANAGEMENT C/O NEWELL PROPERTY MANAGEMENT 4148A CORPORATE SQUARE 4148A CORPORATE SQUARE NAPLES FL 34104 NAPLES FL 34104 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0036843 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) NEWELL, WILLIAM 4148A CORPORATE SQUARE NAPLES FL 34104 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) -----Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: **Department of State** Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE PD. Defete TITLE NAME SPOTTE, WALTER STREET ADDRESS 1381-PARK-LAKE-DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 Change ☐ Addition Delete TITLE TITLE Degrazia, Loraine SEWARD, TAYLOR-NAME NAME STREET ADDRESS STREET ADDRESS 1358 PARK LAKE DRIVE ples FL 34110 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 Addition Change ☐ Delete ernan. Edward TITLE SCHROEDER, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 1399 PARK LAKE DRIVE CITY-ST-ZIP CITY-ST-ZIP NAPLE FL 34110 ☐ Addition Change ☐ Delete TITLE TITLE DEGRAZIA, LORAINE.... NAME NAME STREET ADDRESS STREET ADDRESS 1328 PARK LAKE DRIVE CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP