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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29555** (2)

1. Corporation Name

**IMPERIAL LAKES ESTATES, UNIT III, CONDOMINIUM AS
SOCIATION, INC.**



Principal Place of Business C/O ANCHOR PROPERTY MANAGEMENT 8565 CROWN'S COURT PALMETTO FL 34221		Mailing Address 5519-B HANLEY ROAD TAMPA FL 33634 US		3. Date Incorporated or Qualified 12/05/1988	
2. Principal Place of Business 21		2a. Mailing Address 26 ADVANCED MANAGEMENT OF S.W. FLORIDA, INC.		4. FEI Number 59-2373226	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 5899 Whitfield Ave. Suite 107		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28 SARASOTA, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29 34243	Country 30 USA	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ANCHOR PROPERTY MANAGEMENT, INC. 5519-B HANLEY RD TAMPA FL 33634				10. Name and Address of New Registered Agent	

81 Name ADVANCED MANAGEMENT OF S.W. FL., INC.
82 Street Address (P.O. Box Number is Not Acceptable) 5899 Whitfield Ave., Suite 107
83
84 City SARASOTA
85 Zip Code FL 34243

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 *Douglas B. Wilson* DATE *2/16/98*

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 NAME STREET ADDRESS CITY-ST-ZIP	D LYHNE, BARBARA 8507 COUNTESS AVENUE CIR. PALMETTO FL 34221 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, FAITH 8532 COUNTESS AVENUE CIR. PALMETTO FL 34221 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREINKE, BETTY 8538 COUNTESS AVENUE CIR. PALMETTO FL 34221 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Larry P. Hall* *V.P.* *1-21-98*

Signature and Title of Officer or Director Date Daytime Phone #

CR2E037 (10/97)