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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N29555

1. Corporation Name

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

Principal Place of Business

670 ANCHOR PROPERTY MANAGEMENT
8565 CROWN'S COURT
PALMETTO FL 34221

Mailing Address

ADVANCED MANAGEMENT OF SW FLORIDA INC
5899 WHITFIELD AVE. STE 107
SARASOTA FL 34243
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/05/1988

4. FEI Number
59-2373226

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

ADVANCED MANAGEMENT OF SW FLORIDA INC
5899 WHITFIELD AVE
STE 107
SARASOTA FL 34243

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME LYHNE, BARBARA
STREET ADDRESS 8507 COUNTESS AVENUE CIR.
CITY-ST-ZIP PALMETTO FL 34221

TITLE D
NAME HALL, FAITH
STREET ADDRESS 8532 COUNTESS AVENUE CIR.
CITY-ST-ZIP PALMETTO FL 34221

TITLE D
NAME GREINKE, BETTY
STREET ADDRESS 8538 COUNTESS AVENUE CIR.
CITY-ST-ZIP PALMETTO FL 34221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME LYHNE, BARBARA
1.3 STREET ADDRESS 8507 COUNTESS AVE. CIR
1.4 CITY-ST-ZIP PALMETTO FL 34221

2.1 TITLE STD
2.2 NAME HALL, FAITH
2.3 STREET ADDRESS 8532 COUNTESS AVE CIR
2.4 CITY-ST-ZIP PALMETTO FL

3.1 TITLE UPD
3.2 NAME GREINKE, BETTY
3.3 STREET ADDRESS 8538 COUNTESS AVE CIR
3.4 CITY-ST-ZIP PALMETTO FL 34221

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)