

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90073 011 ****61.25

DOCUMENT # N29555

1. Entity Name

IMPERIAL LAKES ESTATES, UNIT III, CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8565 CROWN'S COURT
PALMETTO FL 34221

8565 CROWN'S COURT
PALMETTO FL 34221

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9031 TOWN CENTER PKWY
BRADENTON FLORIDA
34202 MANATEE

4. FEI Number

59-2373226-65-
FD188875

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GUINARO, RALPH	
STREET ADDRESS	8523 COUNTESS AVENUE CIRCLE	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BILELLO, THOMAS W.	
STREET ADDRESS	8529 COUNTESS AVENUE CIRCLE	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEAN, JANICE	
STREET ADDRESS	8503 COUNTESS AVE., CIR.	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Bilello	
STREET ADDRESS	8529 Countess Ave Circle	
CITY-ST-ZIP	Palmetto FL 34221	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ralph, Guinard	
STREET ADDRESS	8523 Countess Ave Circle	
CITY-ST-ZIP	Palmetto F. 34221	
TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janice Dean	
STREET ADDRESS	8503 Countess Ave, Circle	
CITY-ST-ZIP	Palmetto FL 34221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)