

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90064 037 ****61.25

DOCUMENT # N29555

1. Entity Name

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



Principal Place of Business

8565 CROWN'S COURT
PALMETTO FL 34221

Mailing Address

9031 TOWN CENTER PKWY
BRADENTON FL 34202

2. Principal Place of Business

380 Interstate Court

3. Mailing Address

380 Interstate Court

Suite, Apt. #, etc.

Ste. 203

Suite, Apt. #, etc.

Ste. 203

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34240

Country

USA

Zip

34240

Country

USA

4. FEI Number **65-0188875**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

*Recently
changed to
Kevin Wells
Lobach + Hanson, LLC RA
in 3/2003*

7. Name and Address of New Registered Agent

Name **Kevin Wells**
Street Address (P.O. Box Number is Not Acceptable) **380 Interstate Court Suite 203**
City **Sarasota** FL Zip Code **34240**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ray Griffin for SunVest Mgmt. SunVest Mgmt. 3/25/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GUINARD, RALPH	
STREET ADDRESS	8523 COUNTESS AVENUE CIRCLE	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BILELLO, THOMAS W.	
STREET ADDRESS	8529 COUNTESS AVENUE CIRCLE	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	STD	<input checked="" 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Cotter	
STREET ADDRESS	8505 Countess Ave. Cir.	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	Vice-President, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gene Cluckey	
STREET ADDRESS	8513 Countess Ave. Cir.	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	Secr./Treasurer, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol Kump	
STREET ADDRESS	8466 Imperial Cir.	
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		
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]

25 March 03

CR2E037 (10/02)