2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N93000004429

Entity Name: IMPERIALAKES COMMUNITY SERVICES ASSOCIATION V, INC.

Current Principal Place of Business:

3704 OPAL DR.
MULBERRY, FL 33860 US

New Principal Place of Business:

Current Mailing Address:

3704 OPAL DR.
3704 OPAL DR.
MULBERRY, FL 33860 US

New Mailing Address:

FEI Number: 65-0528015 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STAGE, DALE L
3704 OPAL DR.
MULBERRY, FL 33860 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: STAGE, DALE
Address: 3704 OPAL DR.
City-St-Zip: MULBERRY, FL 33860 US

Title: VD ( ) Delete
Name: MEISTER, JACK
Address: 3534 DIAMOND TERRACE
City-St-Zip: MULBERRY, FL 33860 US

Title: SD ( ) Delete
Name: LOCK, JOE R
Address: 3458 JADE LANE
City-St-Zip: MULBERRY, FL 33860

Title: D (X) Delete
Name: WALTZ, JADE G
Address: 3451 JADE LANE
City-St-Zip: MULBERRY, FL 33860

Title: PD (X) Delete
Name: FLOCKHART, DENNIS
Address: 3664 OPAL DRIVE
City-St-Zip: MULBERRY, FL 33860

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: STAGE, DALE
Address: 3704 OPAL DR.
City-St-Zip: MULBERRY, FL 33860 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: FLOCKHART, DENNIS
Address: 3664 OPAL DR.
City-St-Zip: MULBERRY, FL 33860

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE L STAGE STD 04/15/2009

Electronic Signature of Signing Officer or Director Date