2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

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Entity Name: IMPERIALAKES COMMUNITY SERVICES ASSOCIATION V, INC.

Current Principal Place of Business:

5950 IMPERIALAKES BLVD
SUITE # 7
MULBERRY, FL 33860 US

New Principal Place of Business:

Current Mailing Address:

5950 IMPERIALAKES BLVD
SUITE # 7
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:

MOSELLE, LISA M
5950 IMPERIALAKESNBLVD
SUITE #7
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
Name: STAGE, DALE
Address: 3704 OPAL DR.
City-St-Zip: MULBERRY, FL 33860 US

Title: SD
Name: MEISTER, JACK
Address: 3534 DIAMOND TERRACE
City-St-Zip: MULBERRY, FL 33860 US

Title: PD
Name: HUTCHCRAFT, CARL
Address: 3724 OPAL DR.
City-St-Zip: MULBERRY, FL 33860

Title: D
Name: PEDERZINI, MERITA
Address: 3832 MARQUISE LANE
City-St-Zip: MULBERRY, FL 33860

Title: D
Name: DONAHUE, BETTY J
Address: 3819 MARQUISE LANE
City-St-Zip: MULBERRY, FL 33860

Title: VPD
Name: COSBY, CATHRYN
Address: 3793 OPAL DR
City-St-Zip: MULBERRY, FL 33860

I hereby 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 all other like empowered.

SIGNATURE: CARL HUTCHCRAFT PD 04/30/2012

Electronic Signature of Signing Officer or Director — Date