

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000925

FILED  
Apr 22, 2008  
Secretary of State

**Entity Name:** WESTGATE AT IMPERIAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

%GUARDIAN PROPERTY MANAGEMENT  
6700 LONE OAK BLVD  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

6700 LONE OAK BLVD  
NAPLES, FL 34109 US

**New Mailing Address:**

**FEI Number:** 65-0705362

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSS, BYRON  
6700 LONE OAK BLVD  
NAPLES, FL 34109 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: P ( ) Delete  
Name: JONES, RICHARD  
Address: 1240 SARAH JEAN CIRCLE #M106  
City-St-Zip: NAPLES, FL 34110

Title: T ( ) Delete  
Name: OLSEN, RALPH  
Address: 1200 SARAH JEAN CIRCLE #H202  
City-St-Zip: NAPLES, FL 34110

Title: VP ( ) Delete  
Name: ALSPACH, JOHN  
Address: 1100 SARAH JEAN CIRCLE #A106  
City-St-Zip: NAPLES, FL 34110

Title: S ( ) Delete  
Name: VENROOY, ELAINE  
Address: 1220 SARAH JEAN CIRCLE #L205  
City-St-Zip: NAPLES, FL 34110

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VP (X) Change ( ) Addition  
Name: MINUTES, GARY  
Address: 1100 SARAH JEAN CIRCLE #B102  
City-St-Zip: NAPLES, FL 34110

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

Title: D ( ) Change (X) Addition  
Name: SCHULTE, PENNY  
Address: 1215 SARAH JEAN CIRCLE, #4103  
City-St-Zip: NAPLES, FL 34110

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: BYRON ROSS

MGR

04/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date