

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000925

FILED
Apr 10, 2009
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:

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

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: BYRON ROSS

04/10/2009

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: MINUTES, GARY
Address: 1100 SARAH JEAN CIRCLE #B102
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: D () Delete
Name: SCHULTE, PENNY
Address: 1215 SARAH JEAN CIRCLE, #4103
City-St-Zip: NAPLES, FL 34110

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: 1120 SARAH JEAN CIRCLE #B102
City-St-Zip: NAPLES, FL 34110

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: BYRON ROSS

MGR

04/10/2009

Electronic Signature of Signing Officer or Director

Date