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Mar 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001525 (2)

1. Corporation Name

IMPERIAL LAKES COUNCIL, INC.



Principal Place of Business

Mailing Address

3695 EMERALD LAKE
MULBERRY FL 33860

3695 EMERALD LAKE
MULBERRY FL 33860

3. Date Incorporated or Qualified
03/15/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3360694

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARYL, ROBERT
3695 EMERALD LAKE
MULBERRY FL 33860

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature: type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME CARYL, ROBERT
STREET ADDRESS C/O 3695 EMERALD LANE
CITY-ST-ZIP MULBERRY FL 33860

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

S ☐ Change ☒ Addition

WILLIAMS, KEITH
4435 OLD COLONY RD.
MULBERRY, FL 33860

TITLE V ☐ DELETE

NAME JACOBS, CRAIG
STREET ADDRESS C/O 3695 EMERALD LANE
CITY-ST-ZIP MULBERRY FL 33860

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D ☐ Change ☒ Addition

INSLEE, ROBERT
4305 CREEKWOOD LANE
MULBERRY, FL 33860

TITLE D ☒ DELETE

NAME MOECKLE, CHARLENE
STREET ADDRESS 145 COUNTRY CLUB LANE
CITY-ST-ZIP MULBERRY FL 33860

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D ☐ Change ☒ Addition

SMITH, KEN
5925 IMPERIAL PARKWAY
MULBERRY, FL 33860

TITLE D ☐ DELETE

NAME STAGE, DALE
STREET ADDRESS 3704 OPAL DRIVE
CITY-ST-ZIP MULBERRY FL 33860

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D ☐ Change ☒ Addition

HEDGES, SISI
110 COUNTRY CLUB LANE
MULBERRY, FL 33860

TITLE D ☒ DELETE

NAME SMYERS, CARROLL
STREET ADDRESS 4285 CREEKWOODS LANE
CITY-ST-ZIP MULBERRY FL 33860

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME JACOBS, CRAIG
STREET ADDRESS 4435 FAIRWAY OAKS DRIVE
CITY-ST-ZIP MULBERRY FL 33860

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert D. Caryl

ROBERT D. CARYL

2-7-97 (941)425-0539

CR2E037 (9/96)