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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001525 (2)**

1. Corporation Name

IMPERIAL LAKES COUNCIL, INC.



Principal Place of Business 3695 EMERALD LAKE MULBERRY FL 33860	Mailing Address 3695 EMERALD LAKE MULBERRY FL 33860
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/15/1996	
4. FEI Number 59-3360694	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CARYL, ROBERT 3695 EMERALD LAKE MULBERRY FL 33860

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	CARYL, ROBERT
STREET ADDRESS	C/O 3695 EMERALD LANE
CITY-ST-ZIP	MULBERRY FL 33860
TITLE	V <input type="checkbox"/> DELETE
NAME	JACOBS, CRAIG
STREET ADDRESS	C/O 3695 EMERALD LANE
CITY-ST-ZIP	MULBERRY FL 33860
TITLE	D <input type="checkbox"/> DELETE
NAME	SMITH, KEN
STREET ADDRESS	5925 IMPERIAL PARKWAY
CITY-ST-ZIP	MULBERRY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	STAGE, DALE
STREET ADDRESS	3704 OPAL DRIVE
CITY-ST-ZIP	MULBERRY FL 33860
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HEDGES, SISI
STREET ADDRESS	110 COUNTRY CLUB LANE
CITY-ST-ZIP	MULBERRY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JACOBS, CRAIG
STREET ADDRESS	4435 FAIRWAY OAKS DRIVE
CITY-ST-ZIP	MULBERRY FL 33860

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D WILLIAMS, KEITH
1.3 STREET ADDRESS	4435 OLD COLONY RD
1.4 CITY-ST-ZIP	MULBERRY, FL 33860
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D INSLEE, ROBERT
2.3 STREET ADDRESS	4305 CREEKWOOD LANE
2.4 CITY-ST-ZIP	MULBERRY, FL 33860
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D GROSSMANN, EARL
3.3 STREET ADDRESS	1960 PAR PLACE
3.4 CITY-ST-ZIP	MULBERRY, FL 33860
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 Caryl* **ROBERT CARYL** 2-19-98 (941) 425-0539

CR2E037 (1097)