

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

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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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/15/1996

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

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

TITLE ☐ DELETE
NAME D
SMITH, KEN
STREET ADDRESS 5925 IMPERIAL PARKWAY
CITY-ST-ZIP MULBERRY FL

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

TITLE ☒ DELETE
NAME D
WILLIAMS, KEITH
STREET ADDRESS 4435 OLD COLONY ROAD
CITY-ST-ZIP MULBERRY FL 33860

TITLE ☒ DELETE
NAME D
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 ☐ Change ☒ Addition
1.2 NAME D
INSLEE, ROBERT
1.3 STREET ADDRESS 4305 CREEKWOOD LANE
1.4 CITY-ST-ZIP MULBERRY, FL 33860

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME D
GROSSMANN, EARL
2.3 STREET ADDRESS 1960 PAR PLACE
2.4 CITY-ST-ZIP MULBERRY, FL 33860

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME D/V
MEUWLY, WILLIAM
3.3 STREET ADDRESS 4477 FAIRWAY OAKS DR
3.4 CITY-ST-ZIP MULBERRY FL 33860

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME T/D
STAGE, DALE
4.3 STREET ADDRESS 3704 OPAL DRIVE
4.4 CITY-ST-ZIP MULBERRY, FL 33860

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Robert D. Caryl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-99

Date

(941) 425-0539

Daytime Phone #

CD2507 111081