

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90031 029 ****61.25

DOCUMENT # N96000001525

1. Entity 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

3695 EMERALD LANE

Suite, Apt. #, etc.

3. Mailing Address

3695 EMERALD LANE

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3360694

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARYL, ROBERT

3695 EMERALD LAKE

MULBERRY FL 33860

3695 EMERALD LANE

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KAUFMAN, KARL**
STREET ADDRESS **4219 STONEHEDGE**
CITY-ST-ZIP **MULBERRY FL 33860**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **STAGE, DALE**
STREET ADDRESS **3704 OPAL DRIVE**
CITY-ST-ZIP **MULBERRY FL 33860**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ADRIAN, PHYLLIS**
STREET ADDRESS **5225 IMPERIAL LAKES BLVD # 8**
CITY-ST-ZIP **MULBERRY FL 33860**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SALISBURY, ED**
STREET ADDRESS **2001 PAR PLACE**
CITY-ST-ZIP **MULBERRY FL 33860**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert D. Caryl

ROBERT D. CARYL

3-17-05 (863) 425-0539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #