## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mottham

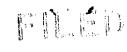
Secretary of State DIVISION OF CORPORATIONS

N96000001858 (7) DOCUMENT #

IMPERIAL TRACE OF SUMMERFIELD FACILITIES ASSOCIA TION, INC.

Principal Place of Business

Mailing Address



97 OCT 24 AM 8: 3h

SEURE (NR) DE STATE TALL AHASSEE FLORIDA



| 311 PARK PLACE BLVD. 311 PARK PLACE BLVD.   |                                |                     |                 |   |   |                             |
|---|--------------------------------|---------------------|-----------------|---|---|-----------------------------|
| CLEARWATER FI   | L 34619                        | CLEARWATER FL 34619 | RWATER FL 34619 |   | DO NOT WRITE IN THIS SPACE  |                             |
|   |                                |                     |                 |   | 3. Date Incorporated or Qualified   | 3a. Date of Last Report     |
|   |                                |                     |                 |   | 04/05/1996  |                             |
| Principal Place of Business     2a. Mailing Address   |                                |                     |                 |   | 4. FEI Number   | Applied For                 |
| 21 824 E. Hetcher Nue, 26 824 EFletcher   |                                |                     |                 | او  |   | Not Applicable              |
| Suite, Apt. #, etc.   |                                |                     |                 |   | 5. Certificate of Status Desired  | \$8.75 Additional           |
| 22 27 City & State City & State   |                                |                     |                 |   |   | Fee Required                |
| City & State  |                                |                     | ~               |   | <ol> <li>Election Campaign Financing<br/>Trust Fund Contribution</li> </ol> | \$5.00 May Be Added to Fees |
| Zip Country Zip Country   |                                |                     |                 | /   | 8. This corporation owes or has pal   |                             |
| 24 T334   | Q Q 25                         | 29 336/2 3          | 0 H1/8          | boroug  | Personal Property Tax due June  |                             |
| •   | g. Name and Address of Current | Registered Agent    |                 |   | 10. Name and Address of New Reg   | Istered Agent               |
|   |                                |                     |                 | Name  |   |                             |
| ZSCHAU, JULIUS  |                                |                     |                 | 82 Street Address (P.O. Box Number is Not Acceptable) |   |                             |
| 911 CHESTNUT STREET   |                                |                     |                 |   |   |                             |
| CLEARWATER FL 34616   |                                |                     | 83              |   |   |                             |
|   |                                |                     | 84              | City  |   | 85 Zip Code                 |
|   |                                |                     |                 | <u>L.                                    </u>         |   | FL 85 ZIP COOR              |
| 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)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |                                |                     |                 |   |   |                             |
| TITLE   | PD                             | DELETE              | 1.1 TITLE       |   |   | Change Addition             |
| NAME  | BUSH, WILIIAM A                | <b>—</b>            | 1.2 NAME        | Ì   | Sellinger, John   | 5 1 ON                      |
| STREET ADDRESS  | 311 PARK PLACE BLVD. #800      |                     | 1.3 STREET      | ADDRESS   | 311 Park Place Blud.  | July 600 115                |
| CITY-ST-ZIP   | CLEARWWATER FL 34619           |                     | 1.4 CITY-5      |   | Clearwaler, Pl. 346   | 19                          |
| TITLE   | VŌ                             | DELETE              | 2.1 TITLE       | -   |   | ☐ Change ☐ Addition         |
| NAME  | SELLINGER, JOHN                | -▼                  | 2.2 NAME        |   |   | (.(\)                       |
| STREET ADDRESS  | 311 PARK PLACE BLVD. #600      |                     | 2.3 STREET      | ADDRESS   | 311 Park Place Blud. #  |                             |
| CITY-ST-ZIP   | CLEARWWATER FL 34619           |                     | 2. 4 CITY-      |   | Clearwooden Cl. 3461  | 9 _                         |
| TITLE   | STD                            | DELETE              | 3.1 TITLE       |   | Martin, Janet   | ☐ Change ☐ Addition         |
| NAME  | MILLER, FRANCINE               |                     | 3.2 NAME        |   | The Paris Survey  | · ~                         |
| STREET ADDRESS  | 311 PARK PLACE BLVD. #600      |                     | 3.3 STREET      | ADDRESS   | 311 Park Place Blud. #  | CTA                         |
| CITY-ST-ZIP   | CLEARWWATER FL 34619           |                     | 3.4. CITY-      | ST-ZIP  | Clearwater, 74 3461   | 9 310                       |
| TITLE   |                                | ☐ DELETE            | 4.1 TITLE       |   |   | Change Addition             |
| NAME  |                                |                     | 4. 2 NAME       |   |   | 1                           |
| STREET ADDRESS  |                                |                     | 4.3 STREET      | ADDRESS   |   |                             |
| CITY-ST-ZIP   |                                |                     | 4.4 CITY-S      | T-ZIP   |   |                             |
| TITLE   |                                | ☐ DELETE            | 5.1 TITLE       |   |   | ☐ Change ☐ Addition         |
| NAME  |                                |                     | 5.2 NAME        |   |   |                             |
| STREET ADDRESS  |                                |                     | 5.3 STREET      | ADDRESS   | ·   |                             |
| CITY-ST-ZIP   |                                |                     | 5.4 CITY - S    | T-ZIP   |   |                             |
| TITLE   |                                | ☐ DELETÉ            | 6.1 TITLE       |   | ,   | ☐ Change ☐ Addition         |
| NAME  |                                |                     | 6.2 NAME        |   |   | ~~~                         |
| STREET ADDRESS  |                                |                     | 6.3 STREET      | ADDRESS   | •   | eo 61.25 0P                 |
| CITY-ST-ZIP   |                                |                     | 6.4 CITY - S    | T-ZIP   |   |                             |

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 supplement framual 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 received outrustee employees to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed, or on an attachment with all address