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Mar 13 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 # **N96000001858 (7)**

1. Corporation Name

IMPERIAL TRACE OF SUMMERFIELD FACILITIES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**824 E. FLETCHER AVE
TAMPA FL 33612
US**

**824 E. FLETCHER AVE
TAMPA FL 33612
US**



3. Date Incorporated or Qualified

04/05/1996

4. FEI Number **59-3367827**

Applied For

~~APPLIED FOR~~

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 7001 Temple Terrace Hwy
Suite, Apt. #, etc.**

**26 7001 Temple Terrace Hwy
Suite, Apt. #, etc.**

22

27

City & State

City & State

23 Temple Terrace

28 Temple Terrace

Zip

Country

Zip

Country

24 33637

25 Hillsborough

29 33637

30 Hillsborough

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZSCHAU, JULIUS
911 CHESTNUT STREET
CLEARWATER FL 34618**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **SELLINGER, JOHN**
STREET ADDRESS **311 PARK PLACE BLVD. #600**
CITY-ST-ZIP **CLEARWATER FL 34619**

1.1 TITLE **STD** ☒ Change ☒ Addition
1.2 NAME **RON BROWN**
1.3 STREET ADDRESS **311 PARK PLACE BLVD. #600**
1.4 CITY-ST-ZIP **CLEARWATER, FL 34619**

TITLE **STD** ☒ DELETE
NAME **MARTIN, JANET**
STREET ADDRESS **311 PARK PLACE BLVD. #600**
CITY-ST-ZIP **CLEARWATER FL 34619**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **MILLER, FRANCINE**
STREET ADDRESS **311 PARK PLACE BLVD. #600**
CITY-ST-ZIP **CLEARWATER FL 34619**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **200002436068** ☐ Change ☐ Addition
6.2 NAME **-02/20/98--01014--026**
6.3 STREET ADDRESS *****245.00**
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, changed, or on an attachment with an address.

SIGNATURE:

1-21-98

980-10010

CR2E037 (10/97)