

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N96000001858 (7)
1. Corporation Name
IMPERIAL TRACE OF SUMMERFIELD FACILITIES ASSOCIATION, INC.



Principal Place of Business 824 E. FLETCHER AVE TAMPA FL 33612 US	Mailing Address 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 21 7001 Temple Terrace Hwy Suite, Apt. #, etc.	2a. Mailing Address 26 7001 Temple Terrace Hwy Suite, Apt. #, etc.
23 Temple Terrace City & State	27 Temple Terrace City & State
24 33637 Zip	25 Hillsborough Country
29 33637 Zip	30 Hillsborough Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

ZSCHAU, JULIUS
911 CHESTNUT STREET
CLEARWATER FL 34618

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

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SELLINGER, JOHN	
STREET ADDRESS	311 PARK PLACE BLVD. #600	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, JANET	
STREET ADDRESS	311 PARK PLACE BLVD. #600	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MILLER, FRANCINE	
STREET ADDRESS	311 PARK PLACE BLVD. #600	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RON BROWN	
1.3 STREET ADDRESS	311 PARK PLACE BLVD. #600	
1.4 CITY-ST-ZIP	CLEARWATER, FL. 34619	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

200002496068
-02/20/98--01014--026
*****245.00**

1-21-98 **980-1000**

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: _____

CFR2E037 (10/97)