

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 01, 1999 8:00 am
Secretary of State

07-01-1999 90006 045 ***550.00

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1. Corporation Name

IMPERIAL HOMES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

809 WALKERBILT ROAD
SUITE 6
NAPLES, FL 34110

Mailing Address

809 WALKERBILT ROAD
SUITE 6
NAPLES, FL 34110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
APRIL 17, 1998

4. FEI Number
59-3508737

Applied For
Not Applicable

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

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOUIS R. DePRISCO
8413 ABBINGTON CIRCLE, #311
NAPLES, FL 34108

81 Name THOMAS WANDERON

82 Street Address (P.O. Box Number is Not Acceptable)
9915 TAMiami TRAIL NORTH, SUITE 2

83

84 City NAPLES

FL

85 Zip Code
34108

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **THOMAS WANDERON**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/25/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT ☐ DELETE
NAME LOUIS R. DePRISCO
STREET ADDRESS 8413 ABBINGTON CIRCLE, #311
CITY-ST-ZIP NAPLES, FL 34108

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DVPS ☐ DELETE
NAME DANIEL O. CUENYA
STREET ADDRESS 5847 CHARLTON WAY
CITY-ST-ZIP NAPLES, FL 34119

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

TITLE D ☒ DELETE
NAME CLARK D. JENSEN
STREET ADDRESS 641 HICKORY ROAD
CITY-ST-ZIP NAPLES, FL 34108

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 ☐ 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LOUIS R. DePRISCO

6/25/99

941-597-1316

CR2E034 (11/98)