

FILED
Jan 22 1998 8:00am
Secretary of State

DOCUMENT # S91644 (2)
1. Corporation Name
VILLAGES AT IMPERIAL LAKE, INC.

Principal Place of Business	Mailing Address
1221 BRICKELL AVENUE 6TH FLOOR MIAMI FL 33131	1221 BRICKELL AVENUE 6TH FLOOR MIAMI FL 33131

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

g. Name and Address of Current Registered Agent		
MEYERSON, LAURENCE 1221 BRICKELL AVE MIAMI FL 33133	81	Name
	82	Street Address
	83	
	84	City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is not a public officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and I, the undersigned, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)

12. OFFICERS AND DIRECTORS				13.	
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE		
NAME	TANIS, ROY D		1.2 NAME		
STREET ADDRESS	1221 BRICKELL AVE.		1.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		1.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE		
NAME	PROMOFF, DAVID H.		2.2 NAME		
STREET ADDRESS	1221 BRICKELL AVE.		2.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		2.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		
NAME	HARRIS, LUCIOUS		3.2 NAME		
STREET ADDRESS	1221 BRICKELL AVE.		3.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		3.4 CITY - ST - ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		
NAME	CARSTARPHEN, LISA R		4.2 NAME		
STREET ADDRESS	1221 BRICKELL AVE		4.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

DO NOT WRITE IN THIS SPACE		
3. Date Incorporated or Qualified 11/04/1991		
4. FEI Number 65-0294653		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
10. Name and Address of New Registered Agent		
ss (P.O. Box Number is Not Acceptable)		
FL		85 Zip Code

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.

CR2E034 (10/97)