

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19995

Entity Name: IMPERIAL PARK PLACE VILLAS ASSOCIATION, INC.**Current Principal Place of Business:**C/O RESORT MANAGEMENT
2685 HORSESHOE DR S SUITE#215
NAPLES, FL 34104**Current Mailing Address:**C/O RESORT MANAGEMENT
2685 HORSESHOE DR S SUITE#215
NAPLES, FL 34104 US**FEI Number:** 65-0036843**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RESORT MANAGEMENT
C/O RESORT MANAGEMENT
2685 HORSESHOE DR S SUITE#215
NAPLES, FL 34104 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** ROBERT ROSENOW

02/23/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	CIABATTARI, LINDA
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE#215
City-State-Zip:	NAPLES FL 34104

Title	VP
Name	SULLIVAN, KELLEY
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE#215
City-State-Zip:	NAPLES FL 34104

Title	DIRECTOR
Name	MOORE, HOPE
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE#215
City-State-Zip:	NAPLES FL 34104

Title	TREASURER
Name	WENDT, PETER
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE#215
City-State-Zip:	NAPLES FL 34104

Title	DIRECTOR
Name	YATES, CHARLES
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE#215
City-State-Zip:	NAPLES FL 34104

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HOPE MOORE

TREAS

02/23/2024

Electronic Signature of Signing Officer/Director Detail

Date