

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

09/12/2023

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 TORDONADO, CHRISTIAN
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR S SUITE#215
City-State-Zip: NAPLES FL 34104

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

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

Title DIRECT
Name MOORE, HOPE
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: LINDA CIABATTARI

PRESIDENT

09/12/2023

Electronic Signature of Signing Officer/Director Detail

Date