FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:14

DOCUMENT # N07267 (0)

1. Corporation Name

IMPERIAL TERRACE WEST HOMEOWNERS ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
11620 HICKORY LANE TAVARES FL 32778	11620 HICKORY LANE TAVARES FL 32778

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1985
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2494024 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAURER, BETTY 31630 TERRACE DRIVE TAVARES FL 32778	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	DAVIS, FLOYD	1.2 NAME	MURAS, JERRY	
STREET ADDRESS	11600 MAGNOLIA AVE	1.3 STREET ADDRESS	31637 TERRACE DR	
CITY-ST-ZIP	TAVARES FL	1.4 CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	PD	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	SPARKS, CHARLES	2.2 NAME	FROELICH, RIAN	
STREET ADDRESS	31533 TERRACE DRIVE	2.3 STREET ADDRESS	11527 HICKORY LANE	
CITY-ST-ZIP	TAVARES FL	2.4 CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	REAGIN, MARIE	3.2 NAME		
STREET ADDRESS	31643 TERRACE DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	BIRTSCH, JUDY	4.2 NAME		
STREET ADDRESS	11914 HICKORY LN	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☐ Change ☒ Addition
NAME	WHITAKER, JAMES	5.2 NAME	JOHNSON, WAYNE	
STREET ADDRESS	31650 CLAYTON STR	5.3 STREET ADDRESS	11505 HICKORY LANE	
CITY-ST-ZIP	TAVARES FL	5.4 CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	SD	6.1 TITLE	D	☐ Change ☒ Addition
NAME	SHARP, EVELYN	6.2 NAME	TURCK, TOM	
STREET ADDRESS	31628 INDIANA AVE	6.3 STREET ADDRESS	31702 INDIANA AVE.	
CITY-ST-ZIP	TAVARES FL	6.4 CITY-ST-ZIP	TAVARES, FL 32778	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 if changed, or on an attachment with an address.

SIGNATURE: Marie Reagin Treasurer 1-26-95 904-343-8192
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARIE REAGIN

0037409