FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **N07267** **(0)**

1. Corporation Name

IMPERIAL TERRACE WEST HOMEOWNERS ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
11820 HICKORY LANE TAVARES FL 32778	11820 HICKORY LANE TAVARES FL 32778

3. Date Incorporated or Qualified: **01/23/1985**

3a. Date of Last Report: **02/01/1995**

2. Principal Place of Business (21):

2a. Mailing Address (26):

Suite, Apt. #, etc. (22):

Suite, Apt. #, etc. (27):

City & State (23):

City & State (28):

Zip (24): Country (25):

Zip (29): Country (30):

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DAURER, BETTY
31630 TERRACE DRIVE
TAVARES FL 32778

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	11 TITLE	PD	☐ Change ☒ Addition
NAME	MURAS, JERRY		12 NAME	Harold Miller	
STREET ADDRESS	31637 TERRACE DR		13 STREET ADDRESS	11609 Hickory Lane	
CITY-ST-ZIP	TAVARES FL		14 CITY-ST-ZIP	Tavares, FL 32778	
TITLE	VD	☒ DELETE	21 TITLE	VP - D	☐ Change ☒ Addition
NAME	FROELICH, ALAN		22 NAME	Gene Reagin	
STREET ADDRESS	11527 HICKORY LANE		23 STREET ADDRESS	31643 Terrace Drive	
CITY-ST-ZIP	TAVARES FL		24 CITY-ST-ZIP	Tavares, Fl 32778	
TITLE	TD	☒ DELETE	31 TITLE	S-D	☐ Change ☒ Addition
NAME	REAGIN, MARIE		32 NAME	Pat Wehner	
STREET ADDRESS	31643 TERRACE DR		33 STREET ADDRESS	31651 Kelly Circle	
CITY-ST-ZIP	TAVARES FL		34 CITY-ST-ZIP	Tavares, FL 32778	
TITLE	SD	☒ DELETE	41 TITLE	T - D	☐ Change ☒ Addition
NAME	BIRTSCH, JUDY		42 NAME	Barbara O. Gailes	
STREET ADDRESS	11914 HICKORY LN		43 STREET ADDRESS	11712 Hickory Lane	
CITY-ST-ZIP	TAVARES FL		44 CITY-ST-ZIP	Tavares, FL 32778	
TITLE	D	☒ DELETE	51 TITLE	D	☐ Change ☒ Addition
NAME	JOHNSON, WAYNE		52 NAME	Helen Fields	
STREET ADDRESS	11505 HICKORY LANE		53 STREET ADDRESS	11450 Hickory Lane	
CITY-ST-ZIP	TAVARES FL		54 CITY-ST-ZIP	Tavares, FL 32778	
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	TURCK, TOM		62 NAME		
STREET ADDRESS	31702 INDIANA AV		63 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL		64 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: Harold Miller Pres 1-27-96 352-742-0420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #