

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90051 046 \*\*\*\*61.25

DOCUMENT # N07267

1. Entity Name

IMPERIAL TERRACE WEST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

11820 HICKORY LANE  
TAVARES FL 32778

Mailing Address

11820 HICKORY LANE  
TAVARES FL 32778

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

59-2494024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAURER, BETTY  
31630 TERRACE DRIVE  
TAVARES FL 32778

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD  
NAME DELONG, OMER  
STREET ADDRESS 11927 LINDA AVE  
CITY-ST-ZIP TAVARES FL 32778 ☐ Delete

TITLE PD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D  
NAME CANDELENT, LEIGH  
STREET ADDRESS 31702 CLAYTON STREET  
CITY-ST-ZIP TAVARES FL 32778 ☐ Delete

TITLE SD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE SD  
NAME METCALF, JOY  
STREET ADDRESS 31208 INDIANA AVE  
CITY-ST-ZIP TAVARES FL 32778 ☒ Delete

TITLE D  
NAME Long, Donna  
STREET ADDRESS 31715 Clayton Street  
CITY-ST-ZIP TAVARES, FL 32778 ☐ Change ☒ Addition

TITLE TD  
NAME PRICHARD, RUTH  
STREET ADDRESS 31708 TERRACE DRIVE  
CITY-ST-ZIP TAVARES FL 32778 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD  
NAME FARLEY, JIM  
STREET ADDRESS 31708 BLANTON LANE  
CITY-ST-ZIP TAVARES FL 32778 ☒ Delete

TITLE D  
NAME Maurer, LaVern  
STREET ADDRESS 11551 Hickory Lane  
CITY-ST-ZIP TAVARES, FL 32778 ☐ Change ☒ Addition

TITLE D  
NAME HUNT, DORTHY  
STREET ADDRESS 11606 MAGNOLIA AVE  
CITY-ST-ZIP TAVARES FL 32778 ☒ Delete

TITLE VP  
NAME Ponton, Ken  
STREET ADDRESS 31628 Blanton Lane  
CITY-ST-ZIP TAVARES, FL 32778 ☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ruth Prichard - Ruth Prichard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/20/04 352-343-3627*  
Date Daytime Phone #