2005 NOT-FOR-PROFIT CORPORATION

MAURER, LAVERN

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

11551 HICKORY LANE

31628 BLANTON LANE

TAVARES, FL 32778

TAVARES, FL 32778

PONTON, KEN

ANNUAL REPORT

Secretary of State 01-24-2005 90028 039 ****61.25 DOCUMENT # N07267 1. Entity Name IMPERIAL TERRACE WEST HOMEOWNERS ASSOCIATION, INC. **40004444** Principal Place of Business Mailing Address 11820 HICKORY LANE 11820 HICKORY LANE TAVARES, FL 32778 TAVARES, FL 32778 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-2494024 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAURER, BETTY 31630 TERRACE DRIVE Street Address (P.O. Box Number is Not Acceptable) TAVARES, FL 32778 City 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 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Due by May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition DELONG, OMER NAME NAME STREET ADDRESS 11927 LINDA AVE STREET ADDRESS CITY-ST-ZIP TAVARES, FL 32778 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition CANDELENT, LEIGH NAME NAME STREET ADDRESS 31702 CLAYTON STREET STREET ADDRESS CITY-ST-ZIP TAVARES, FL 32778 CITY-ST-7IP TITLE . Delete TITLE ☐ Change ■ Addition LONG, DONNA NAME NAME STREET ADDRESS 31715 STREET ADDRESS TAVARES, FL 32778 CITY-ST-ZIP CITY-ST-ZIP TITLE TD Delete TITLE ☐ Change ☐ Addition NAME PRICHARD, RUTH NAME STREET ADORESS 31708 TERRACE DRIVE STREET ADDRESS CITY-ST-ZIP TAVARES, FL 32778 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

FILED Jan 24, 2005 8:00 am

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.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

sichard