2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2009
Secretary of State

DOCUMENT# N07267

Entity Name: IMPERIAL TERRACE WEST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11820 HICKORY LANE
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

11820 HICKORY LANE
TAVARES, FL 32778

New Mailing Address:

FEI Number: 59-2494024 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TENSFIELD, ROBERT
31541 TERR. DR
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	V	( ) Delete
Name:	EHINGER, LARRY	
Address:	31626 KELLY CIRCLE	
City-St-Zip:	TAVARES, FL 32778	
Title:	TD	( ) Delete
Name:	CANDELENT, LEIGH	
Address:	31702 CLAYTON STREET	
City-St-Zip:	TAVARES, FL 32778	
Title:	D	( ) Delete
Name:	KILPATRICK, GAIL	
Address:	11712 HICKORY LN	
City-St-Zip:	TAVARES, FL 32778	
Title:	D	( ) Delete
Name:	BASTIN, ARMAND	
Address:	31602 TERR DR	
City-St-Zip:	TAVARES, FL 32778	
Title:	S	( ) Delete
Name:	FARLEY, JIM	
Address:	31708 BLANTON LN	
City-St-Zip:	TAVARES, FL 32778	
Title:	P	( ) Delete
Name:	TENESFIELD, ROBERT	
Address:	31541 TERR DR	
City-St-Zip:	TAVARES, FL 32778	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	WRIGHT, JOHN	
Address:	11642 HICKORY LN	
City-St-Zip:	TAVARES, FL 32778	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	EDWARDS, PATTY	
Address:	31721 CLAYTON ST.	
City-St-Zip:	TAVARES, FL 32778	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LEIGH CANDELENT TD 02/22/2009

Electronic Signature of Signing Officer or Director — Date