2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07267

1. Entity Name

IMPERIAL TERRACE WEST HOMEOWNERS ASSOCIATION, IN



FILED Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90076 002 ****61.25

C.								
Principal Place of Business 11820 HICKORY LANE TAVARES FL 32778		Mailing Address 11820 HICKORY LANE TAVARES FL 32778						
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite. Apt. # etc.					••••••	
		Sant, Apt. W. Glo.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number	4. FEI Number 59-2494024 Applied For Not Applied			1
Zip	Country	Zip	Country	5. Certificate of	Status Desired	S8.75 Ad		
	6. Name and Address of Currer	TRegistered Agent		7. Name and A	ddress of New Re			ļ.
			Name			<u> </u>		1
DAURÉR, BETTY			Street A	ddress (P.O. Box Number	ss (P.O. Box Number is Not Acceptable)			}
	ERRACE DRIVE S FL 32778							}
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		City			FL Zip Coo	de	
					 			1
	named entity submits this statement tions of registered agent,	for the purpose of changing its n	egistered office of	rregistered agent, or both,	III the State of Flor	ua. Tamtamilai wiin	, апи ассерт	
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Agent signat	ure required when reinstating)		DATE		
						200		1
FILE NOW: FEE IS \$61.25				\$5.00 May Be		e Check Payable		
		Trust Fund Co	ntribution.	Added to Fees	Florida	a Department of	State	
10.	OFFICERS AND C	DIRECTORS	11.	ADDITIONS/CHAN	IGES TO OFFICER	S AND DIRECTORS IN	V 10	
TOTLE	D	▼ Delete	TITLE	VPD		☐ Change	Addition	(S)
NAME	CLARK, JIMMIE	,	NAME	VPD OMER DELO 11927 LINDA	$\sim q$,	CR2E037 (10/02
STREET ADDRESS	11451 HICKORY LN		STREET ADDRESS	11927 LINDA	Ave			37 (
CITY-ST-ZIP	TAVARES FL 32778		CITY-ST-ZIP	TAVARES FL	32778			Щ
TITLE	SD	☐ Delete	TITLE	D		Change	Addition	资
NAME	CANDELENT, LEIGH		NAME			• -		Ĭ
STREET ADDRESS	31702 CLAYTON STREET		STREET ADDRESS	and the same of th		sa s		Ì.,
CITY-ST-ZIP"	TAVARES FL"32778		- CITY-ST-ZIP*	20				·
TITLE	P DODEDT	Delete	TITLE	50	Tau.	☐ Change	Addition	1
NAME STREET ADDRESS	METCALF, ROBERT 31208 INDIANA AVE		NAME STREET ADDRESS	MelEALF	Dua			1
CITY-ST-ZIP	TAVARES FL 32778		CITY-ST-ZIP	METCALF, S 31208 Indian TAVARES FL	7700			
TITLE	TD	☐ Delete	TITLE	THUMILES, IF	3F/10	☐ Change	Addition	}
NAME	PRICHARD, RUTH	CT Delate	NAME			change		ļ
STREET ADDRESS	31708 TERRACE DRIVE		STREET ADDRESS					
CITY-ST-ZIP	TAVARES FL 32778		CITY-ST-ZIP					l
****	VAD		TITLE	PD		Change	☐ Addition	i
TITLE	VPD	☐ Delete						
NAME	FARLEY, JIM	☐ Delete	NAME					1
NAME STREET ADDRESS	FARLEY, JIM 31708 BLANTON LANE	☐ Delete	STREET ADDRESS					:
NAME STREET ADDRESS CITY-ST-ZIP	FARLEY, JIM 31708 BLANTON LANE TAVARES FL 32778		STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP	FARLEY, JIM 31708 BLANTON LANE TAVARES FL 32778 D	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	Addition	:
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FARLEY, JIM 31708 BLANTON LANE TAVARES FL 32778 D HUNT, DORTHY		STREET ADDRESS CITY-ST-ZIP TITLE NAME				Addition	:
NAME STREET ADDRESS CITY-ST-ZIP	FARLEY, JIM 31708 BLANTON LANE TAVARES FL 32778 D		STREET ADDRESS CITY-ST-ZIP TITLE				☐ Addition	:

The buy comprised the information supplied with this hing does not quality for the exemption stated in Section 1.19.07(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.

MRUIM FARLEY, PRESIDENT

SIGNATURE:

352-253-9245