

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 # **N29857 (2)**
1. Corporation Name
IMPERIAL OAKS MOBILE HOMEOWNERS ASSOCIATION, INC



Principal Place of Business Mailing Address
%RALPH TYLE
10701 SAGINAW DRIVE
NEW PORT RICHEY FL 34654

3. Date Incorporated or Qualified **12/22/1988** 3a. Date of Last Report **02/10/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2923790	Not Applicable
22	22. City & State	27	27. City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	23. Zip	28	28. Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	24. Country	29	29. Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TYLE, RALPH
10701 SAGINAW DRIVE
NEW PORT RICHEY FL 34654

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 **Ralph Tyle - Treasurer & Agent Ralph Tyle** DATE **1-22-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIMACK, DUBBY	1.2 NAME	NEWLAND, MARJORIE
STREET ADDRESS	10721 TORONTO LANE	1.3 STREET ADDRESS	11351 LORAIN AVE.
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	NEWPORT RICHEY FL 34654
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	VICE-PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWLAND, MARJORIE	2.2 NAME	MUSAR, GLORIA
STREET ADDRESS	11351 LORAIN AVE	2.3 STREET ADDRESS	11420 CAUSEWAY BLVD.
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	NEWPORT RICHEY FL 34654
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLASOSKUS, ALBIN	3.2 NAME	ANTHONY, BETTY
STREET ADDRESS	11421 LORAIN AVE	3.3 STREET ADDRESS	10705 TORONTO LANE
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	NEWPORT RICHEY FL 34654
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYLE, RALPH	4.2 NAME	BRUHN, HEINZ
STREET ADDRESS	10701 SAGINAW DR	4.3 STREET ADDRESS	10625 SAGINAW DR.
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	NEWPORT RICHEY FL 34654
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGARRELL	5.2 NAME	ANTHONY, HAROLD
STREET ADDRESS	11411 LORRAINE AVENUE	5.3 STREET ADDRESS	10705 TORONTO LANE
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP	NEWPORT RICHEY FL 34654
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, FRANK	6.2 NAME	WOOCK, DON
STREET ADDRESS	11334 CAUSEWAY BLVD	6.3 STREET ADDRESS	11614 IMPERIAL OAKS BLVD.
CITY-ST-ZIP	NEW PORT RICHEY FL	6.4 CITY-ST-ZIP	NEWPORT RICHEY FL 34654

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 attachment with an address.

SIGNATURE: **Ralph Tyle - RALPH Tyle** Date **Jan 22 96** 813.856.4639

CR2E037 (12/95)