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Mar 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 **01/24/1996**

2. Principal Place of Business 2a. Mailing Address
21 % HEINZ BRUHN **26 % HEINZ BRUHN**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 10625 SAGINAW DR. **27 10625 SAGINAW DR.**
City & State City & State
23 NEW PORT RICHEY, FL. **28 NEW PORT RICHEY, FL.**
Zip Country Zip Country
24 34654 **25 PASCO** **29 34654** **30 PASCO**

4. FEI Number **59-2923790** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
TYLE, RALPH
10701 SAGINAW DRIVE
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent
81 Name HEINZ BRUHN
82 Street Address (P.O. Box Number is Not Acceptable) 10625 SAGINAW DRIVE
83
84 City NEW PORT RICHEY FL **85 Zip Code 34654**

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 **HEINZ BRUHN - VP** *Heinz Bruhn* **3-03-97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	NEWLAND, MAJORIE	
STREET ADDRESS	11351 LORAIN AVE.	
CITY-ST-ZIP	NEWPORT RICHEY FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HUSAR, GLORIA	
STREET ADDRESS	11420 CAUSEWAY BLVD.	
CITY-ST-ZIP	NEWPORT RICHEY FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ANTHONY, BETTY	
STREET ADDRESS	10705 TORONTO LANE	
CITY-ST-ZIP	NEWPORT RICHEY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRUHN, HEINZ	
STREET ADDRESS	10625 SAGINAW DR.	
CITY-ST-ZIP	NEWPORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANTHONY, HAROLD	
STREET ADDRESS	10705 TORONTO LANE	
CITY-ST-ZIP	NEWPORT RICHEY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WOOCK, DON	
STREET ADDRESS	11614 IMPERIAL OAKS BLVD.	
CITY-ST-ZIP	NEWPORT RICHEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEONARD DONTJE	
1.3 STREET ADDRESS	10631 SAGINAW DRIVE	
1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HEINZ BRUHN	
2.3 STREET ADDRESS	10625 SAGINAW DRIVE	
2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LAURA KLOCK	
3.3 STREET ADDRESS	11410 CAUSEWAY BLVD	
3.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
4.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARILYN DONTJE	
4.3 STREET ADDRESS	10631 SAGINAW DRIVE	
4.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
5.1 TITLE	MAJORIE NEWLAND DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MAJORIE NEWLAND	
5.3 STREET ADDRESS	11351 LORAIN AVE	
5.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JAMES EICHLER	
6.3 STREET ADDRESS	10711 SAGINAW DRIVE	
6.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	

14. I do 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 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 an attachment with an address.

SIGNATURE: *Marilyn Dontje* **MARILYN DONTJE 3-3-'97 813-856-9667**

CR2E037 (9/96)