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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29857 (2)
1. Corporation Name
IMPERIAL OAKS MOBILE HOMEOWNERS ASSOCIATION, INC



Principal Place of Business 10625 SAGINAW DR 10701 SAGINAW DRIVE NEW PORT RICHEY FL 34654 US	Mailing Address 10625 SAGINAW DRIVE 10701 SAGINAW DRIVE NEW PORT RICHEY FL 34654 US
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3. Date Incorporated or Qualified
12/22/1988

4. FEI Number
59-2923790

Applied For	Not Applicable
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2. Principal Place of Business 21 10631 SAGINAW DR Suite, Apt. #, etc.	2a. Mailing Address 26 10631 SAGINAW DR. Suite, Apt. #, etc.
22 City & State 23 NEW PORT RICHEY	27 City & State 28 NEW PORT RICHEY
24 34654 Zip 25 PASCO Country	29 34654 Zip 30 PASCO Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**BRUHN, HEINZ
10625 SAGINAW DRIVE
NEW PORT RICHEY FL 34654**

10. Name and Address of New Registered Agent

81 Name LEONARD DONTJE
82 Street Address (P.O. Box Number is Not Acceptable) 10631 SAGINAW DRIVE
83
84 City NEW PORT RICHEY FL
85 Zip Code 34654

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 **LEONARD DONTJE - PRESIDENT** *Leonard Dontje* **3-16-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DONTJE, LEONARD		1.2 NAME	
STREET ADDRESS 10631 SAGINAW DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL		1.4 CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRUHN, HEINZ		2.2 NAME MARJORIE NEWLAND	
STREET ADDRESS 10625 SAGINAW DRIVE		2.3 STREET ADDRESS 11351 LORAIN AVE.	
CITY-ST-ZIP NEW PORT RICHEY FL		2.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KLOCK, LAURA		3.2 NAME	
STREET ADDRESS 11410 CAUSEWAY BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL		3.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DONTJE, MARILYN		4.2 NAME	
STREET ADDRESS 10631 SAGINAW DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ANTHONY, HAROLD		5.2 NAME HELEN BECK	
STREET ADDRESS 10706 TORONTO LANE		5.3 STREET ADDRESS 11545 IMPERIAL OAKS BLVD	
CITY-ST-ZIP NEWPORT RICHEY FL		5.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34654	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EICHLER, JAMES		6.2 NAME CHARLOTTE HERRING	
STREET ADDRESS 10711 SAGINAW DRIVE		6.3 STREET ADDRESS 11624 IMPERIAL OAKS BLVD	
CITY-ST-ZIP NEW PORT RICHEY FL		6.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34654	

14. 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 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* **3-16-'98** **813-856-9667**

CR2E037 (10/97)