


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90119 030 ****61.25

0071461

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N29857

1. Corporation Name
IMPERIAL OAKS MOBILE HOMEOWNERS ASSOCIATION, INC

Principal Place of Business 10631 SAGINAW DR NEW PORT RICHEY FL 34654 US	Mailing Address 10631 SAGINAW DR 10701 SAGINAW DRIVE NEW PORT RICHEY FL 34654 US
---	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/22/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2923790
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent DONTJE, LEONARD 10631 SAGINAW DRIVE NEW PORT RICHEY FL 34654	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
---	---

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 LEONARD DONTJE *Leonard Dontje* DATE 3-15-'99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P <input checked="" type="checkbox"/> DELETE	NAME DONTJE, LEONARD	1.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 10631 SAGINAW DRIVE	CITY-ST-ZIP NEW PORT RICHEY FL	1.2 NAME BETTY E. RUMP	1.3 STREET ADDRESS 11421 CAUSEWAY BLVD
TITLE VP <input type="checkbox"/> DELETE	NAME NEWLAND, MARJORIE	1.4 CITY-ST-ZIP NEW PORT RICHEY, FL. 34654	
STREET ADDRESS 11351 LORAIN AVE	CITY-ST-ZIP NEW PORT RICHEY FL 34654	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S <input type="checkbox"/> DELETE	NAME KLOCK, LAURA	2.2 NAME	
STREET ADDRESS 11410 CAUSEWAY BLVD	CITY-ST-ZIP NEW PORT RICHEY FL	2.3 STREET ADDRESS	
TITLE T <input type="checkbox"/> DELETE	NAME DONTJE, MARILYN	2.4 CITY-ST-ZIP	
STREET ADDRESS 10631 SAGINAW DRIVE	CITY-ST-ZIP NEW PORT RICHEY FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input checked="" type="checkbox"/> DELETE	NAME BECK, HELEN	3.2 NAME	
STREET ADDRESS 11545 IMPERIAL OAKS BLVD	CITY-ST-ZIP NEWPORT RICHEY FL 34654	3.3 STREET ADDRESS	
TITLE D <input type="checkbox"/> DELETE	NAME HERRING, CHARLOTTE	3.4 CITY-ST-ZIP	
STREET ADDRESS 11624 IMPERIAL OAKS BLVD	CITY-ST-ZIP NEW PORT RICHEY FL 34654	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME HAROLD ANTHONY	
		5.3 STREET ADDRESS 10705 TORONTO LA.	
		5.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34654	
		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: MARILYN DONTJE *Marilyn Dontje* DATE 3-15-99 DAYTIME PHONE # 727-856-9667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)