

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29857

1. Entity Name

IMPERIAL OAKS MOBILE HOMEOWNERS ASSOCIATION, INC

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90084 039 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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 34654-2838 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number 59-2923790	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DONTJE, LEONARD  
10631 SAGINAW DRIVE  
NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent

Name: MARILYN DONTJE  
Street Address (P.O. Box Number is Not Acceptable): 10631 SAGINAW DRIVE  
City: NEW PORT RICHEY FL Zip Code: 34654

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: MARILYN DONTJE *Marilyn Dontje* 03-22-2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RUMP, BETTY E	
STREET ADDRESS	11421 CAUSEWAY BLVD.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	NEWLAND, MARJORIE	
STREET ADDRESS	11351 LORAIN AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	S	<input type="checkbox"/> Delete
NAME	KLOCK, LAURA	
STREET ADDRESS	11410 CAUSEWAY BLVD	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DONTJE, MARILYN	
STREET ADDRESS	10631 SAGINAW DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAROLD, ANTHONY	
STREET ADDRESS	10705 TORONTO LN.	
CITY-ST-ZIP	NEWPORT RICHEY FL 34654	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HERRING, CHARLOTTE	
STREET ADDRESS	11624 IMPERIAL OAKS BLVD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD RUMP	
STREET ADDRESS	11421 CAUSEWAY BLVD	
CITY-ST-ZIP	NEW PORT RICHEY, FL	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNIFER HARRISON	
STREET ADDRESS	11425 CAUSEWAY BLVD	
CITY-ST-ZIP	NEW PORT RICHEY, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE MACHOWSKI	
STREET ADDRESS	11404 CAUSEWAY BLVD	
CITY-ST-ZIP	NEW PORT RICHEY, FL	

12. 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 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.

SIGNATURE: *Marilyn Dontje* REMARILYN DONTJE 03/22/2000 856-9667  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)