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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N07267**

1. Corporation Name

IMPERIAL TERRACE WEST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**11820 HICKORY LANE
TAVARES FL 32778**

Mailing Address

**11820 HICKORY LANE
TAVARES FL 32778**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/23/1985

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2494024

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAURER, BETTY
31630 TERRACE DRIVE
TAVARES FL 32778**

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

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 **SD** ☐ DELETE
NAME **CANDELENT, LEIGH**
STREET ADDRESS **31702 CLAYTON ST**
CITY-ST-ZIP **TAVARES FL 32778**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **REAGIN, MARIE**
STREET ADDRESS **31643 TERRACE DRIVE**
CITY-ST-ZIP **TAVARES FL 32778**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **PD** ☒ DELETE
NAME **WEHNER, PAT**
STREET ADDRESS **31651 KELLY CIRCLE**
CITY-ST-ZIP **TAVARES FL 32778**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **VPD Robert Metcalf**
3.3 STREET ADDRESS **31208 INDIANA Ave**
3.4 CITY-ST-ZIP **TAVARES, FL. 32778**

TITLE **VPD** ☐ DELETE
NAME **SEABURG, ROBERT**
STREET ADDRESS **11505 JOHNSON CIR**
CITY-ST-ZIP **TAVARES FL 32778**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **PD**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **FIELDS, HELEN**
STREET ADDRESS **11450 HICKORY LANE**
CITY-ST-ZIP **TAVARES FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D Joyce Ebright**
5.3 STREET ADDRESS **31540 Terrace Dr.**
5.4 CITY-ST-ZIP **TAVARES, FL. 32778**

TITLE **D** ☒ DELETE
NAME **TURCK, TOM**
STREET ADDRESS **31702 INDIANA AV**
CITY-ST-ZIP **TAVARES FL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D Alice Davis**
6.3 STREET ADDRESS **11600 MAGNOLIA Ave**
6.4 CITY-ST-ZIP **TAVARES FL 32778**

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:

Robert Metcalf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **Jan 26, 1999**
Daytime Phone #

CR2E037 (1/98)