

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000005489

**Entity Name:** IMPERIAL OAKS HOMEOWNERS ASSOCIATION INC.

**Current Principal Place of Business:**

1000 PINE HOLLOW POINT  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

1000 PINE HOLLOW POINT  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 83-3728897

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPECIALTY MANAGEMENT COMPANY OF CENTRAL  
FLORIDA, INC.  
882 JACKSON AVENUE  
WINTER PARK, FL 32789 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY, TREASURER  
Name JUNE, ROHLAND A II  
Address 1000 PINE HOLLOW POINT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title PRESIDENT  
Name COLWELL, DARRYL  
Address 1000 PINE HOLLOW POINT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title VP  
Name RICHARDSON, ANDY  
Address 9720 PRINCESS PALM AVENUE  
STE 130  
City-State-Zip: TAMPA FL 33619

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANDY RICHARDSON

**VICE PRESIDENT**

**04/03/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date