

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29857

Entity Name: IMPERIAL OAKS MOBILE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**10705 TORONTO LA.
NEW PORT RICHEY, FL 34654**Current Mailing Address:**10705 TORONTO LA.
NEW PORT RICHEY, FL 34654 US**FEI Number: 59-2923790****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**HILL, WILLIAM F SR.
10635 SAGINAW DR.
NEW PORT RICHEY, FL 34654 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:** WILLIAM F. HILL SR.

01/19/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	HILL, WILLIAM F SR.
Address	10705 TORONTO LA.
City-State-Zip:	NEW PORT RICHEY FL 34654

Title	V
Name	BAUER, RICH
Address	10711 TORONTO LANE
City-State-Zip:	NEW PORT RICHEY FL 34654

Title	D.
Name	DODGE, SANDY
Address	11335 LORAIN RD.
City-State-Zip:	NEW PORT RICHEY FL 34654

Title	T
Name	DALEY, BETTI
Address	11700 IMPERIAL OAKS BLVD.
City-State-Zip:	NEW PORT RICHEY FL 34654

Title	SECRETARY
Name	BAUER, RICHARD
Address	10711 TORONTO LA.
City-State-Zip:	NEW PORT RICHEY FL 34654

Title	D
Name	DALEY, RICK
Address	11700 IMPERIAL OAKS BLVD.
City-State-Zip:	NEW PORT RICHEY FL

Title	DIRECTOR
Name	PARKER, DEANNA R
Address	11330 CAUSEWAY BLVD.
City-State-Zip:	NEW PORT RICHEY FL 34654

Title	DIRECTOR
Name	TAYLOR, SUSAN
Address	10638 SAGINAW DR.
City-State-Zip:	NEW PORT RICHEY FL 34654

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: WILLIAM F. HILL SR.

P

01/19/2014

Electronic Signature of Signing Officer/Director Detail

Date