2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008
Secretary of State

DOCUMENT# 717285

Entity Name: IMPERIAL PARK APARTMENTS II, INC.

Current Principal Place of Business:

1301 S. HERCULES
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

1219 NORWOOD AVENUE
CLEARWATER, FL 337564509

New Mailing Address:

FEI Number: 59-1382171 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, DORIS H
1219 NORWOOD AVENUE
CLEARWATER, FL 337564509 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SLAYTON, RAYMOND	
Address:	1301 S. HERCULES #8	
City-St-Zip:	CLEARWATER, FL 33764	
Title:	VPD	( ) Delete
Name:	HALLIDAY, BRUCE	
Address:	P.O. BOX 1147	
City-St-Zip:	FORKED RIVER, NJ 08731	
Title:	STD	( ) Delete
Name:	KNORPS, MARILYN	
Address:	2625 TERRA COIA BAY BLVD #306	
City-St-Zip:	PALMETTO, FL 34221	
Title:	D	( ) Delete
Name:	SALTER, DAVID	
Address:	1301 S HERCULES, # 18	
City-St-Zip:	CLEARWATER, FL 33764	
Title:	D	( ) Delete
Name:	SARANG, STEVE	
Address:	1301 S. HERCULES AVE #12	
City-St-Zip:	CLEARWATER, FL 33764	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	STD	(X) Change ( ) Addition
Name:	HAWKINS, THERESA	
Address:	1301 S HERCULES AVE #3	
City-St-Zip:	CLEARWATER, FL 33764	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	( ) Change (X) Addition
Name:	MARTIN, GLADYS	
Address:	1301 S HERCULES AVE #7	
City-St-Zip:	CLEARWATER, FL 33764	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DORIS H CAMPBELL R A 03/11/2008

Electronic Signature of Signing Officer or Director — Date