2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 748759

1. Entity Name
IMPERIAL VILLAS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
345 24TH ST NW 31 WINTER HAVEN, FL 33880	ATTN: F. LEROY HIGGINS 345 24TH ST NW #31 WINTER HAVEN, FL 33880-2207 US

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01172006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2006366
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEROY, HIGGINS F
345 24TH ST NW #31
WINTER HAVEN, FL 33880

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: F. LEROY HIGGINS F. Leroy Higgins 1/17/2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OVERBAY, KARTHYN
STREET ADDRESS	345 24TH ST NW #9
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	D
NAME	KIMELTON, JAMES
STREET ADDRESS	345 24TH ST NW #4
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	STD
NAME	HIGGINS, F. LEROY
STREET ADDRESS	345 24TH ST NW #25
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	PD
NAME	WEIGLE, SANDRA
STREET ADDRESS	345 24TH ST NW #16
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	D
NAME	PILE, CHARLES
STREET ADDRESS	345 24TH ST NW #8
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/06-80022-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: F. Leroy Higgins F. LEROY HIGGINS 1/17/2006 863-293-6537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #