

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748759

FILED
Feb 29, 2008
Secretary of State

Entity Name: IMPERIAL VILLAS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

345 24TH ST NW 31
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

ATTN: F. LEROY HIGGINS
345 24TH ST NW #31
WINTER HAVEN, FL 338802207 US

New Mailing Address:

FEI Number: 59-2006366 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HIGGINS, F LEROY STD
345 24TH ST NW #25
WINTER HAVEN, FL 33880 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: F. LEROY HIGGINS

02/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OVERBAY, KARTHYN
Address: 345 24TH ST NW #9
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: KIMELTON, JAMES
Address: 345 24TH ST NW #4
City-St-Zip: WINTER HAVEN, FL 33880

Title: STD () Delete
Name: HIGGINS, F. LEROY
Address: 345 24TH ST NW #25
City-St-Zip: WINTER HAVEN, FL 33880

Title: PD () Delete
Name: WEIGLE, SANDRA
Address: 345 24TH ST NW #16
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: PILE, CHARLES
Address: 345 24TH ST NW #8
City-St-Zip: WINTER HAVEN, FL 33880

Title: D (X) Delete
Name: KING, SUSAN
Address: 345 24TH ST NW #29
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KING, SUSAN
Address: 345 24TH ST NW #29
City-St-Zip: WINTER HAVEN, FL 33880

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: F. LEROY HIGGINS

STD

02/29/2008

Electronic Signature of Signing Officer or Director

Date