

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768068** (9)
1. Corporation Name
**IMPERIAL ESTATES MANUFACTURED / MOBILE HOME OWNE
RS, INC.**



Principal Place of Business 5617 NW 42ND AVE. FORT LAUDERDALE FL 33319-3964 US	Mailing Address 5617 NW 42ND AVE FORT LAUDERDALE FL 33319-2964 US
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3. Date Incorporated or Qualified 04/20/1983	3a. Date of Last Report 04/14/1995
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 12-5423456 Applied For ☐ Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent DURIVAGE, MICHEL 5617 NW 42ND AVE. FT LAUDERDALE FL 33319	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 500001896045 -07/17/96--01020--039 84 City ***61.25 FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Michel Durivage **MICHEL DURIVAGE TREASURER** **APRIL/8/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DURIVAGE, MICHEL 5617 N.W. 42ND AVE. FT LAUDERDALE FL ☐ DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	TD SAME ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD, LEON 4302 N.W. 58TH ST. FT LAUDERDALE FL ☒ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	PD WALTER CAMP 4324 NW 56TH STREET FT LAUDERDALE FL 33319 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WROBLEWSKI, CHESTER 4301 N.W. 56TH ST. FT LAUDERDALE FL ☒ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	VD JUANITA FOWLER 5808 NW 43RD AVE FT LAUDERDALE FL 33319 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RADANT, HAZEL 5801 NW 44TH AVE. FT. LAUDERDALE FL ☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	PAST PRESIDENT-D SAME ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC PELLETIER, YVON 5302 NW 43RD AVE. FT. LAUDERDALE FL ☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	D SAME ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUDREAU, JACQUES 4309 NW 56TH STREET FT. LAUDERDALE FL ☒ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	SD BARBARA ROHRER 5605 NW 44TH AVE FT LAUDERDALE FL 33319 ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michel Durivage **April/08/1996 (952-735-7854)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

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Ft. Lauderdale, Monday, April 8, 1996

ADDITIONAL DIRECTORS

TITLE: D
NAME: MARIE BLASINGAME
ADDRESS: 5810 NW 43rd AVE
CITY-ST-ZIP: FT LAUDERDALE FL 33319

TITLE: D
NAME: THERESE CUIILLERIER
ADDRESS: 4314 NW 53rd STREET
CITY-ST-ZIP: FT LAUDERDALE FL 33319

TITLE: D
NAME: GILLES LEDUC
ADDRESS: 4304 NW 55th STREET
CITY-ST-ZIP: FT LAUDERDALE FL 33319

TITLE: D
NAME: ROBERT LEGAULT
ADDRESS: 4306 NW 54th STREET
CITY-ST-ZIP: FT LAUDERDALE FL 33319

TITLE: D
NAME: HERBERT LERNER
ADDRESS: 4330 NW 54th STREET
CITY-ST-ZIP: FT LAUDERDALE FL 33319


Mr. Michel Durivage
TREASURER