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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768

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(9)

IMPERIAL ESTATES MANUFACTURED / MOBILE HOME OWNERS, INC.

RS, INC).	·			
Principal Place of Business Malling Address					ON ON ON ON ON ON ON ONE OF THE ORIGINAL PROPERTY OF THE ORIGINAL PROPE
5617 NW 42ND FORT LAUDERD US	AVE. ALE FL 33319-3964	5617 NW 42ND AVE. FORT LAUDERDALE FL 33 US	319-2964		
				3. Date Incorporated or Qualified 04/20/1983	3a. Date of Last Report 07/16/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number 12-5423456	Applied For
21		26		12-0420400	Not Applicable
Suite, Apt. +	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	2	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for Elorida Statutes	Intangible tax under s. 199.032, Yes No
24]	9. Name and Address of Current		30	10. Name and Address of New Re	
			81 Name		<u> </u>
DURIVAG	SE, MICHEL		82 Street	Address (P.O. Box Number is Not Acceptate	No.
	42ND AVE.		62 Street	Address (F.O. Box Number is Not Acceptate	ne)
FT LAUDERDALE FL 33319			83		
			84 City		85 Zip Code
			84 City		FL 85 Zip Code
11. Pursuant I	to the provisions of Sections 617,0502	and 617.1508, Florida Statu	tes, the above-named	corporation submits this statement for the p	urpose of changing its registered
office or ri	egistered agent, or both, in the State in familiar with, and agcept the obliga	of Florida. Such change was itions of, Section 617.0503, F	authorized by the corp lorida Statutes.	poration's board of directors. I hereby accept	of the appointment as registered
SIGNATURE		ase MICHE	^ .	AGE REASURER	61/27/97
SIGNATORE _	Signature, typed or printed name of registered ager	nt and the if applicable [NO	TE: Registered Agent signature	required when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	T/D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DURIVAGE, MICHEL		1.2 NAME		
STREET ADDRESS	5617 N.W. 42ND AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	N DELETE	1.4 CITY-ST-ZIP	\	N Adding
TITLE	P/O	DELETE	2.1 TITLE	VANALA WARD	Change Addition
NAME .	CAMP, WALTER		2.2 NAME	YDONALD WARD 4314 NW 5546 STRE	ner-
STREET ADDRESS	4324 NW 56TH STREET FT LAUDERDALE FL 33319		2.3 STREET ADDRESS		
CITY-ST-ZIP	V/D	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change MAddition
NAME I	FOWLER, JUANITA	A better	3.2 NAME	Dravis PAQUET	al million
HAVIE	TOWER, BOARTA		3.3 STREET ADDRESS	DENIS PAQUET SASS NW 58TH S	TREET
CITY - ST - ZIP	FT LAUDERDALE FL 33319		3.4. CITY-ST-ZIP	FT LAUDERDALE FL	533/9
TITLE	P/D	☐ DELETE	4.1 TITLE	D - TOPE DATE IS	Change Addition
NAME	RADANT, HAZEL		4. 2 NAME	-	
STREET ADDRESS	5801 NW 44TH AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP	l	
TITLE	D	☐ DELETE	5.1 TITLE	P/D	Change
NAME	PELLETIER, YVON		5.2 NAME	1/-	¥ 4
STREET ADDRESS	5302 NW 43RD AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		5.4 CITY-ST-ZIP		
TITLE	S/D	☐ DELETE	6.1 TITLE		Change Addition
NAME	ROHRER, BARBARA		6.2 NAME		
STREET ADDRESS	5605 NW 44TH AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33319	***************************************	6.4 CITY-ST-ZIP		
informatio	on indicated on this annual report or sofficer or director of the corporation or	upplemental annual report is the receiver or trustee empo	true and accurate and wered to execute this	stated in Section 119.07(3)(i), Florida Statute I that my signature shall have the same leg- report as required by Chapter 617, Florida S	al effect as if made under oath; tha
appears i	in Block 12 or Block 13 if changed, o	on an attachment with an ac	ddress.		•



Federation of Mobile Home Owners of Florida "People Helping People"

Imperial Estates Manufactured / Mobile Home Owners, Inc. 5617 N.W. 42nd Ave, Ft Lauderdale FL 33319-2964

Fort Lauderdale, Monday, January 27, 1997

ADDITIONAL DIRECTORS

TITLE:

D

NAME: ADDRESS: MARIE BLASINGAME 5810 NW 43rd AVENUE

CITY-ST-ZIP:

FT LAUDERDALE FL 33319

TITLE:

D

NAME: ADDRESS: GISELE BROSSEAU

AUURE55:

4325 NW 54rd STREET

CITY-ST-ZIP:

FT LAUDERDALE FL 33319

TITLE:

D

NAME:

SALLY HANS

ADDRESS:

4304 NW 54th 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:

NAME :

D

CHERYL LYNCH

ADDRESS:

5601 NW 44th AVENUE

CITY-ST-ZIP:

FT LAUDERDALE FL 33319

Mr. Michel Durivage