

183-98 B-0682-C
FILE NOW: FILING FEE IS \$61.20

FILED
Jan 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF SANDHILL SECRETARY OF STATE DIVISION OF CORPORATIONS
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DOCUMENT # **768068** (9)
1. Corporation Name
IMPERIAL ESTATES MANUFACTURED / MOBILE HOME OWNERS, 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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 04/20/1983	
4. FEI Number 12-5423456	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
84 City
85 Zip Code

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 MICHAEL DURIVAGE TREASURER 01/15/1998
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	T/D <input type="checkbox"/> DELETE
NAME	DURIVAGE, MICHEL
STREET ADDRESS	5617 N.W. 42ND AVE.
CITY-ST-ZIP	FT LAUDERDALE FL 33319
TITLE	VO <input checked="" type="checkbox"/> DELETE
NAME	WARD, DONALD
STREET ADDRESS	4314 NW 55TH ST
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PAQUET, DENIS
STREET ADDRESS	4305 NW 58TH ST
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	P/D <input checked="" type="checkbox"/> DELETE
NAME	RADANT, HAZEL
STREET ADDRESS	5801 NW 44TH AVE.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	PELLETIER, YVON
STREET ADDRESS	5302 NW 43RD AVE.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	S/D <input type="checkbox"/> DELETE
NAME	ROHRER, BARBARA
STREET ADDRESS	5805 NW 44TH AVE.
CITY-ST-ZIP	FT. LAUDERDALE FL 33319

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	COLLIGAN, VICTORIA
1.3 STREET ADDRESS	5701 N.W. 42ND AVE.
1.4 CITY-ST-ZIP	FT LAUDERDALE 33319
2.1 TITLE	VO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	COLLIGAN, DONALD
2.3 STREET ADDRESS	5701 NW. 42ND AVE.
2.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33319
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	THOMA, MARLENE
3.3 STREET ADDRESS	5312 N.W. 53RD ST.
3.4 CITY-ST-ZIP	FT LAUDERDALE FL 33319
4.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ALLIE, RUSS
4.3 STREET ADDRESS	4316 N.W. 56th ST.
4.4 CITY-ST-ZIP	FT LAUDERDALE FL 33319
5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ALDEN, JEAN-MARIE
5.3 STREET ADDRESS	4335 N.W. 53RD ST.
5.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33319
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED

CR2E037 (10/97)

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


Fort Lauderdale, Thursday, January 15, 1998

ADDITIONAL DIRECTORS

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

TITLE: D
NAME: BROSSEAU GISELE
ADDRESS: 4325 NW 54rd STREET
CITY-ST-ZIP: FT LAUDERDALE FL 33319

TITLE: D
NAME: PAY LINDA
ADDRESS: 4332 NW 53rd STREET
CITY-ST-ZIP: FT LAUDERDALE FL 33319


Mr. Michel Durivage
TREASURER