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• PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H51617 (9)

1. Corporation Name

IMPERIAL ESTATES HOMEOWNERS ASSOCIATION OF BROOK  
SVILLE, INC.



Principal Place of Business

Mailing Address

20 N. ORANGE AVENUE, SUITE 700  
ORLANDO FL 32801

20 N. ORANGE AVENUE, SUITE 700  
ORLANDO FL 32801

3. Date Incorporated or Qualified

04/09/1985

3a. Date of Last Report

03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLLING, LEE JAY  
20 N. ORANGE AVENUE  
STE. 700  
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME PD  
HOFMIRE, JOHN  
STREET ADDRESS 4205 KIM DR  
CITY-ST-ZIP BROOKSVILLE FL

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME VD  
STANSBURY, BOB  
STREET ADDRESS 4204 HONDA RD  
CITY-ST-ZIP BROOKSVILLE FL

2.2 NAME VD  
2.3 STREET ADDRESS TAYLOR, EARL  
2.4 CITY-ST-ZIP 16362 MELISSA DR  
BROOKSVILLE, FL 34601

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME D  
ARSENault, FRED  
STREET ADDRESS 16325 RAPELLO ROAD  
CITY-ST-ZIP BROOKSVILLE FL

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME TD  
ASCHE, THERESA N  
STREET ADDRESS 16411 REUBEN DRIVE  
CITY-ST-ZIP BROOKSVILLE FL

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME D  
JOANNE, HALLEY  
STREET ADDRESS 4215 DELANEY  
CITY-ST-ZIP BROOKSVILLE FL

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME D  
BEARCE, ROSA  
STREET ADDRESS 4245 KIM DR  
CITY-ST-ZIP BROOKSVILLE FL

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*John Hoffmire*

JOHN HOFMIRE - PRESIDENT

4-10-96 (352) 796-0799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)