

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003157

1. Entity Name

IMPERIAL ESTATES MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

4320 NW 56TH STREET  
FORT LAUDERDALE FL 33319

Mailing Address

4320 NW 56TH STREET  
FORT LAUDERDALE FL 33319

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1099582

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEED, MARIANNE  
4320 NW 56TH STREET  
FORT LAUDERDALE FL 33319

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME WEED, MARIANNE  
STREET ADDRESS 4320 NW 56TH STREET  
CITY-ST-ZIP FORT LAUDERDALE FL 33319 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME MOWERY, MIKE  
STREET ADDRESS 4308 NW 56TH STREET  
CITY-ST-ZIP FORT LAUDERDALE FL 33319 ☒ Delete

TITLE ☒ Change ☐ Addition  
NAME Tim MYETTE  
STREET ADDRESS 4316 N.W. 56th St  
CITY-ST-ZIP Ft. Lauderdale Florida 33319

TITLE VD  
NAME APONTE, ANGEL  
STREET ADDRESS 4300 NW 54TH STREET  
CITY-ST-ZIP FORT LAUDERDALE FL 33319 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME ROHRER, BARBARA  
STREET ADDRESS 5805 NW 44TH AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33319 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME COFFMAN, MARK  
STREET ADDRESS 5809 NW 44TH AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33319 ☒ Delete

TITLE T  
NAME Rosemary Bounagero  
STREET ADDRESS 5825 N.W. 44th Ave  
CITY-ST-ZIP Ft. Lauderdale Flor. 33319 ☒ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

FILED  
Jan 17, 2002 8:00 am  
Secretary of State

01-17-2002 90040 042 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)