

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N07267

1. Entity Name
**IMPERIAL TERRACE WEST HOMEOWNERS
ASSOCIATION, INC.**



FILED

08 MAR 24 AM 8:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
11820 HICKORY LANE
TAVARES, FL 32778

Mailing Address
11820 HICKORY LANE
TAVARES, FL 32778



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03182008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2494024

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

**TENSFIELD, ROBERT
31541 TERR. DR
TAVARES, FL 32778**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **JENKINS, BETTY**
STREET ADDRESS **31643 HOWARD STREET**
CITY-ST-ZIP **TAVARES, FL 32778**

TITLE **V** ☐ Change ☒ Addition
NAME **LARRY EHINGER**
STREET ADDRESS **31626 KELLY CIRCLE**
CITY-ST-ZIP **TAVARES, FL 32778**

TITLE **TD** ☐ Delete
NAME **CANDELENT, LEIGH**
STREET ADDRESS **31702 CLAYTON STREET**
CITY-ST-ZIP **TAVARES, FL 32778**

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

TITLE **D** ☐ Delete
NAME **KILPATRICK, GAIL**
STREET ADDRESS **11712 HICKORY LN**
CITY-ST-ZIP **TAVARES, FL 32778**

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

TITLE **D** ☐ Delete
NAME **BASTIN, ARMAND**
STREET ADDRESS **31602 TERR DR**
CITY-ST-ZIP **TAVARES, FL 32778**

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

TITLE **S** ☐ Delete
NAME **FARLEY, JIM**
STREET ADDRESS **31708 BLANTON LN**
CITY-ST-ZIP **TAVARES, FL 32778**

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

TITLE **P** ☐ Delete
NAME **TENESFIELD, ROBERT**
STREET ADDRESS **31541 TERR DR**
CITY-ST-ZIP **TAVARES, FL 32778**

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 exemptions contained in Chapter 119, 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:

Leigh Candelement **LEIGH CANDELENT (TREASURER)**

3/18/08

352-742-7256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #