

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2005 8:00 am**  
**Secretary of State**

08-30-2005 90028 036 \*\*\*\*61.25

<b>DOCUMENT # N20173</b> 1. Entity Name <b>IMPERIAL MANOR MOBILE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>PRINCE, R.L. 223 ALICE DR LAKELAND, FL 33815 US</b>			Mailing Address <b>PRINCE, R.L. 223 ALICE DR LAKELAND, FL 33815 US</b>		
2. Principal Place of Business <b>Brown, Mike Suite, Apt. #, etc. 5 Imperial Dr.</b>		3. Mailing Address <b>Brown, Mike Suite, Apt. #, etc. 5 Imperial Dr.</b>			
City & State <b>Lakeland, FL</b>		City & State <b>Lakeland, FL</b>		4. FEI Number <b>59-2339125</b>	
Zip <b>33815</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PRINCE, R.L. 223 ALICE DR LAKELAND, FL 33815</b>				7. Name and Address of New Registered Agent Name <b>Mike Brown</b> Street Address (P.O. Box Number is Not Acceptable) <b>5 Imperial Dr.</b> City <b>Lakeland</b> <b>FL</b> Zip Code <b>33815</b>	
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 <u><i>Mike Brown President</i></u> DATE <u>8/25/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, MIKE 402 CATHY DR LAKELAND, FL 33815	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Brown, Mike 5 Imperial Dr. Lakeland, FL 33815
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STYAN, DON 403 MURRAY DR. LAKELAND, FL 33815	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Sears, Richard 315 Cathy Dr. Lakeland, FL 33815
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRINCE, R.L. 223 ALICE DR. LAKELAND, FL 33815	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hoffer, Sue 314 Kimberly Dr. Lakeland, FL 33815
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHEGAR, JEAN 32 IMPERIAL DR. LAKELAND, FL 33815	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Roberts, Vern 223 Alice Dr. 33815
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRWIN, WILLIAM 318 CATHY, DR. LAKELAND, FL 33815	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Beverly Newell 86 Imperial Drive Lakeland, Fla. 33815
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, WALLACE 402 CATHY DR LAKELAND, FL 33815	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Beverly Newell 86 Imperial Drive Lakeland, Fla. 33815
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u><i>Mike Brown</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>8/25/05</u> Daytime Phone # <u>863-683-1076</u>	