


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N20173		
1. Entity Name IMPERIAL MANOR MOBILE HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business BROWN, MIKE 5 IMPERIAL DR LAKELAND, FL 33815 US		Mailing Address BROWN, MIKE 5 IMPERIAL DR LAKELAND, FL 33815 US
DO NOT WRITE IN THIS SPACE		
		02172008 No Chg-NP CR2E037 (11/05)
4. FEI Number 59-2339125		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BROWN, MIKE 5 IMPERIAL DR LAKELAND, FL 33815		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO BROWN, MIKE 5 IMPERIAL AVE LAKELAND, FL 33815	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO SEARS, RICHARD 315 CATHY DR LAKELAND, FL 33815	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOFFER, SUE 314 KIMBERLY DR LAKELAND, FL 33815	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHEGAR, JEAN 32 IMPERIAL DR. LAKELAND, FL 33815	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, VERN 223 ALICE DR LAKELAND, FL 33815	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWELL, BEVERLY 86 IMPERIAL DR LAKELAND, FL 33815	
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 117, 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>Mike Brown</u>		<u>Mike Brown</u> 2-23-06-863-83-076
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone if</small>