

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90042 044 \*\*\*\*61.25

<b>DOCUMENT # N20173</b> 1. Entity Name <b>IMPERIAL MANOR MOBILE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>BROWN, MIKE</b> <b>5 IMPERIAL DR</b> <b>LAKELAND, FL 33815 US</b>			Mailing Address <b>BROWN, MIKE</b> <b>5 IMPERIAL DR</b> <b>LAKELAND, FL 33815 US</b>		
2. Principal Place of Business - No P.O. Box # <b>326 Alice Dr.</b>		3. Mailing Address <b>326 Alice Dr.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
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>		Applied For <input type="checkbox"/> Not Applicable	
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>BROWN, MIKE</b> <b>5 IMPERIAL DR</b> <b>LAKELAND, FL 33815</b>				7. Name and Address of New Registered Agent Name <b>Davidson, Rose</b> Street Address (P.O. Box Number is Not Acceptable) <b>326 Alice 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>Rose Davidson</u> <u>Rose Davidson</u> <u>2/9/07</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 May 1, 2007</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 5 IMPERIAL AVE LAKELAND, FL 33815	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Roberts, Vern 223 Alice Dr. Lakeland, FL 33815	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SEARS, RICHARD 315 CATHY DR LAKELAND, FL 33815	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Newell, Beverly 86 Imperial Dr. Lakeland, FL 33815	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOFFER, SUE 314 KIMBERLY DR LAKELAND, FL 33815	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Davidson, Rose 326 Alice 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	D Koser, Harrison 226 Kimberly Dr. Lakeland, FL 33815	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, VERN 223 ALICE DR LAKELAND, FL 33815	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Reed, Rosie 407 Murray Dr. Lakeland, FL 33815	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWELL, BEVERLY 86 IMPERIAL DR LAKELAND, FL 33815	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tuell, June 218 Kimberly Dr. Lakeland, FL 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 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: <u>Vern Roberts</u> <u>Vern Roberts</u> <u>2-9-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					