2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20173

FILED Feb 25, 2009 Secretary of State

Entity Name: IMPERIAL MANOR MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 326 ALICE DRIVE LAKELAND, FL 33815 US **Current Mailing Address: New Mailing Address:** 326 ALICE DRIVE LAKELAND, FL 33815 US FEI Number: 59-2339125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAVIDSON, ROSE 326 ALICE DRIVE LAKELAND, FL 33815 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete ROBERTS, VERN ROBERTS, VERN Name: Name: 223 ALICE DRIVE Address: 223 ALICE DRIVE Address: City-St-Zip: LAKELAND, FL 33815 City-St-Zip: LAKELAND, FL 33815 Title: VPD () Delete Title: PΩ (X) Change () Addition NEWELL, BEVERLY Name: FROST, DIANNA Name: Address: 86 IMPERIAL DRIVE Address: 403 MURRAY DRIVE City-St-Zip: LAKELAND, FL 33815 City-St-Zip: LAKELAND, FL 33815 Title: () Delete Title: TD (X) Change () Addition HOFFER, SUE HOFFER, SUE Name: Name: Address: 314 KIMBERLY DR Address: 314 KIMBERLY DR City-St-Zip: LAKELAND, FL 33815 City-St-Zip: LAKELAND, FL 33815 Title: SD () Delete Title: SD (X) Change () Addition Name: CHEGAR, JEAN Name: DAVIDSON, ROSE 32 IMPERIAL DRIVE Address: Address: 326 ALICE DRIVE City-St-Zip: LAKELAND, FL 33815 City-St-Zip: LAKELAND, FL 33815 Title: () Delete Title: (X) Change () Addition KOSER, HARRISON KOSER, HARRISON Name: Name: 226 KIMBERLY DRIVE 226 KIMBERLY DRIVE Address: Address: City-St-Zip: LAKELAND, FL 33815 City-St-Zip: LAKELAND, FL 33815 Title: () Delete Title: () Change () Addition TUELL. JUNE Name: Name: Address: 218 KIMBERLY DRIVE Address: LAKELAND, FL 33815 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANNA FROST PRES 02/25/2009