

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90011 011 ****61.25

DOCUMENT # N21625

1. Entity Name
**IMPERIAL RIDGE SUBDIVISION COMMUNITY
ASSOCIATION, INC.**



Principal Place of Business

**POST OFFICE BOX 33
ELLENTON, FL 34222**

Mailing Address

**POST OFFICE BOX 33
ELLENTON, FL 34222**



01062008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0053654

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STROME, SALLY
2406 51ST ST CT E
PALMETTO, FL 34221**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.28
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
STROME, SALLY
2406-51 ST CT E
PALMETTO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
HARTENSTEIN, TIM
2515 51ST ST CT E
PALMETTO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
STROME, SALLY
2406 51ST ST CT E
PALMETTO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
STROME, SALLY
2406 - 51 ST., CT. E
PALMETTO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Sally L. Strome

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-2008

Date

941-7203552

Daytime Phone #