2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2009
Secretary of State

DOCUMENT# N21625

Entity Name: IMPERIAL RIDGE SUBDIVISION COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 33
ELLENTON, FL 34222

New Principal Place of Business:

2406 51ST STREET COURT EAST
PALMETTO, FL 34221

Current Mailing Address:

POST OFFICE BOX 33
ELLENTON, FL 34222

New Mailing Address:

POST OFFICE BOX 33
ELLENTON, FL 34222

FEI Number: 65-0053654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: TD ( ) Delete
Name: STROME, SALLY
Address: 2406-51 ST CT E
City-St-Zip: PALMETTO, FL

Title: VPD ( ) Delete
Name: HARTENSTEIN, TIM
Address: 2515 51ST ST CT E
City-St-Zip: PALMETTO, FL

Title: PD ( ) Delete
Name: STROME, SALLY
Address: 2406 51ST ST CT E
City-St-Zip: PALMETTO, FL

Title: SD ( ) Delete
Name: STROME, SALLY
Address: 2406 51 ST CT E
City-St-Zip: PALMETTO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: SALLY STROME PRES 01/11/2009

Electronic Signature of Signing Officer or Director — Date