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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28928

1. Corporation Name
L'IMAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3547 S WASHINGTON AVE TITUSVILLE FL 32780-613 US	P O BOX 106 TITUSVILLE FL 32781-106 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/19/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2663040 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MOORMAN, DONALD
3547 S WASHINGTON AVE
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City **FL**	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PATCH, GLENN E.		1.2 NAME	
STREET ADDRESS	3541 S.WASHINGTON AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780-5613		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PUTTNAM, BARBARA		2.2 NAME	
STREET ADDRESS	3553 S. WASHINGTON AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780-5613		2. 4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MATRONI, ALAN R		3.2 NAME	
STREET ADDRESS	3543 S WASHINGTON AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780-5613		3.4. CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ABBOTT, PATRICIA		4. 2 NAME	
STREET ADDRESS	3549 S. WASHINGON AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780-5613		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GORDON,THOMAS		5.2 NAME	
STREET ADDRESS	3551 S.WASHINGTON AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780-5613		5.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MOORMAN, DONALD		6.2 NAME	
STREET ADDRESS	3547 S WASHINGTON AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780-5613		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald P. Moorman DIRECTOR 3/3/99 (407) 264-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #