2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90093 008 ****61.25

DOCUMENT # N28928

1. Entity 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

R00055243

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2663040 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ABBOTT, ANGELA 11A MAX BREWER MEMORIAL PKWY TITUSVILLE FL 32796	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATCH, GLENN E. 3541 S.WASHINGTON AVE. TITUSVILLE FL 32780-5613	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR / PRESIDENT SMITH, MARC 3545 S. WASHINGTON AVENUE TITUSVILLE, FL 32780-5613	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PUTTNAM, BARBARA 3553 S. WASHINGTON AVE. TITUSVILLE FL 32780-5613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATRONI, ALAN R 3543 S WASHINGTON AVE. TITUSVILLE FL 32780-5613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABBOTT, PATRICIA 3549 S. WASHINGON AVE. TITUSVILLE FL 32780-5613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GORDON,THOMAS 3551 S.WASHINGTON AVE. TITUSVILLE FL 32780-5613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DP~~ MOORMAN, DONALD 3547 S WASHINGTON AVE TITUSVILLE FL 32780-5613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MOORMAN, DONALD 3547 S. WASHINGTON AVENUE TITUSVILLE, FL 32780-5613	☒ Change ☐ Addition

CR2E037 (10/00)

12. 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 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: SIGNATURE REQUIRED MARC SMITH 4/15/01 321-632-1780
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING (ATTACH ADDITIONAL PAGE IF NECESSARY) DATE