2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2004 8:00 am Secretary of State

DOCUMENT # N28928 1. Entity Name L'IMAGE HOMEOWNERS ASSOCIATION, INC.						03-10-20	004 90016	019 ****6	51.25
Principal Place of Business 3547 S WASHINGTON AVE TITUSVILLE, FL 32780-5613 US Mailing Address P 0 BOX 106 TITUSVILLE, FL 32781-0			-0106	US				2401	3600
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02072004	Chg-NP	CR2E0	37 (10/03)	
City & State		City & State		·	4. FEI Numbe 59-2663		,	Ap	pplied For
Zip	Country	Zip	Cou	intry	5. Certificate	of Status Desire	d 🗀	\$8.75 Ado	titional
	6. Name and Address of Current I	Registered Agent -		<u> </u>	-7. Name and	Address of Nev	w Registered	Agent	
APPOTT ANCELA				Name	incla Abbatt				
ABBOTT, ANGELA 11A MAX BREWER MEMORIAL PKWY				Street Address (P.O. Box Number is Not Acceptable)					
TITUSVILLE, FL 32796				4420 S. Washington Ave.					
				City, 711	silla	3,13	FL	Zip Cod	⁸ Ω
	named entity submits this statement for	r the purpose of changing its	registere	ed office or regist	tered agent, or bot	h, in the State of	f Florida. I am	familiar with,	and accept
the obligat	ions of registered eigent.	١ ٨.							
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I SIGNATURE									
SIGNATURE	Signature, typed of plinted name of registered agent a	and title if applicable. (NOTE	: Registered	d Agent signature requir	red when reinstating)		DATE		
SIGNATURE	Signature, typed of planta name of registered agent a Filling Fee is \$61.25 Due by May 1, 2004	9. Election Can	npaign F	inancing !	\$5.00 May B Added to Fees	9 F		k payable to	
SIGNATURE	Filing Fee is \$61.25	9. Election Can Trust Fund C	npaign F	inancing !	\$5.00 May B	F	Make chec Torida Depa	rtment of St	tate ; · ·
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR