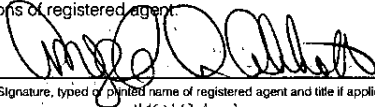
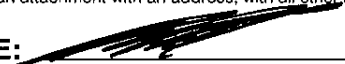


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-10-2004 90016 019 ****61.25

DOCUMENT # N28928 1. Entity Name L'IMAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3547 S WASHINGTON AVE TITUSVILLE, FL 32780-5613 US			Mailing Address P O BOX 106 TITUSVILLE, FL 32781-0106 US		
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	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
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 Angela Abbott Street Address (P.O. Box Number is Not Acceptable) 4420 S. Washington Ave. City Titusville FL Zip Code 32780	
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  3/5/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, MARC 3545 SOUTH WASHINGTON AVENUE TITUSVILLE, FL 327805613	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUTNAM, BARBARA 3553 SOUTH WASHINGTON AVE. TITUSVILLE, FL 327805613	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATRONI, ALAN R 3543 SOUTH WASHINGTON AVE. TITUSVILLE, FL 327805613	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBOTT, PATRICIA 3549 S. WASHINGTON AVE. TITUSVILLE, FL 327805613	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, THOMAS 3551 SOUTH WASHINGTON AVE. TITUSVILLE, FL 327805613	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORMAN, DONALD 3547 S WASHINGTON AVE TITUSVILLE, FL 327805613	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, THOMAS 3551 SOUTH WASHINGTON AVE. TITUSVILLE, FL 327805613	☐ Delete			
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					
Date: 3-1-04 Daytime Phone #: 321-288-8158					