

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90044 026 ****61.25

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02032007 Chg-NP CR2E037 (12/06)

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 - No P.O. Box 3545 S. Washington Ave. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Titusville, FL		City & State		4. FEI Number 59-2663040	
Zip 32780		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABBOTT, ANGELA 4420 S. WASHINGTON AVE TITUSVILLE, FL 32780				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUTNAM, BARBARA 3553 SOUTH WASHINGTON AVE. TITUSVILLE, FL 327805613	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATRONI, ALAN R 3543 SOUTH WASHINGTON AVE. TITUSVILLE, FL 327805613	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBOTT, PATRICIA 3549 S. WASHINGTON AVE. TITUSVILLE, FL 327805613	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, THOMAS 3551 SOUTH WASHINGTON AVE. TITUSVILLE, FL 327805613	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Marc Smith</u> 2/14/07 321-432-0192 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					