

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28928

FILED
Jan 21, 2009
Secretary of State

Entity Name: L'IMAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3543 S WASHINGTON AVE
TITUSVILLE, FL 327805613 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 106
TITUSVILLE, FL 327810106 US

New Mailing Address:

115 S. LEMON AVENUE
TITUSVILLE, FL 32796 US

FEI Number: 59-2663040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABBOTT, ANGELA
4420 S. WASHINGTON AVE
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SMITH, MARC
Address: 3545 SOUTH WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 327805613

Title: D () Delete
Name: PUTNAM, BARBARA
Address: 3553 SOUTH WASHINGTON AVE.
City-St-Zip: TITUSVILLE, FL 327805613

Title: D () Delete
Name: MATRONI, ALAN R
Address: 3543 SOUTH WASHINGTON AVE.
City-St-Zip: TITUSVILLE, FL 327805613

Title: D () Delete
Name: ABBOTT, PATRICIA
Address: 3549 S. WASHINGTON AVE.
City-St-Zip: TITUSVILLE, FL 327805613

Title: D () Delete
Name: GORDON, THOMAS
Address: 3551 SOUTH WASHINGTON AVE.
City-St-Zip: TITUSVILLE, FL 327805613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC SMITH

DP

01/21/2009

Electronic Signature of Signing Officer or Director

Date