

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90030 007 ****61.25

DOCUMENT # N29857

1. Entity Name

IMPERIAL OAKS MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**MARIAN L FOJTIK
11415 CAUSEWAY BLVD
NEW PORT RICHEY FL 34654
US**

Mailing Address

**MARIAN L FOJTIK
11415 CAUSEWAY BLVD
NEW PORT RICHEY FL 34654
US**

34006334

2. Principal Place of Business

11425 Causeway Blvd

Suite, Apt. #, etc.

3. Mailing Address

11425 Causeway Blvd

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

New Port Richey FL

Zip

34654

Country

PASCO

City & State

New Port Richey

Zip

34654

Country

PASCO

4. FEI Number

59-2923790

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FOJTIK, MARIAN L
11415 CAUSEWAY BLVD
NEW PORT RICHEY FL 34654**

7. Name and Address of New Registered Agent

ROSS HARRISON

11425 Causeway Blvd

New Port Richey

FL

34654

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 **x Ross Harrison**

Ross Harrison

02/10/04

**FILE NOW: 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

TITLE	P	NAME	PARKER, DONALD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			11330 CAUSEWAY BLVD	
CITY-ST-ZIP			NEW PORT RICHEY FL 34654	
TITLE	VP	NAME	HARRISON, ROSS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			11425 CAUSEWAY BLVD	
CITY-ST-ZIP			NEW PORT RICHEY FL 34654	
TITLE	S	NAME	COLLETON, ERIKA	<input type="checkbox"/> Delete
STREET ADDRESS			11600 IMPERIAL OAKS BLVD	
CITY-ST-ZIP			NEW PORT RICHEY FL 34654	
TITLE		NAME	FOJTIK, MARIAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			11415 CAUSEWAY BLVD	
CITY-ST-ZIP			NEW PORT RICHEY FL 34654	
TITLE	D	NAME	NEWLAND, MARJORIE M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			11351 LORAIN AVE	
CITY-ST-ZIP			NEW PORT RICHEY FL 34654	
TITLE	D	NAME	MACHOWSKI, ROSE	<input type="checkbox"/> Delete
STREET ADDRESS			11404 CAUSEWAY BLVD	
CITY-ST-ZIP			NEW PORT RICHEY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS HARRISON	
STREET ADDRESS	11425 Causeway Blvd	
CITY-ST-ZIP	New Port Richey FL 34654	
TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty Rump	
STREET ADDRESS	11421 Causeway Blvd	
CITY-ST-ZIP	New Port Richey FL 34654	
TITLE	PRE-SUVER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deanna Parker	
STREET ADDRESS	11330 Causeway Blvd	
CITY-ST-ZIP	New Port Richey FL 34654	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mickie Bonagura	
STREET ADDRESS	11704 Imperial Oaks Blvd	
CITY-ST-ZIP	New Port Richey FL 34654	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry Hogg	
STREET ADDRESS	11721 Imperial Oaks Blvd	
CITY-ST-ZIP	New Port Richey FL 34654	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **x Ross Harrison**

Ross Harrison 02/10/04 727-379-0604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #