

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90056 040 ****70.00

DOCUMENT # N29857

1. Entity Name

IMPERIAL OAKS MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

11425 CAUSEWAY BLVD.
NEW PORT RICHEY FL 34654
US

Mailing Address

11425 CAUSEWAY BLVD.
NEW PORT RICHEY FL 34654
US

40008911



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2923790

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRISON, ROSS
11425 CAUSEWAY BLVD.
NEW PORT RICHEY FL 34654

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

Ross Harrison

Ross Harrison

01/21/05

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 **P** ☐ Delete
NAME **HARRISON, ROSS**
STREET ADDRESS **11425 CAUSEWAY BLVD.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **Delegate** ☐ Change ☒ Addition
NAME **Bonagura, Mickie**
STREET ADDRESS **11704 Imperial Oaks Blvd.**
CITY-ST-ZIP **New Port Richey, FL 34654**

TITLE **VP** ☐ Delete
NAME **RUMP, BETTY**
STREET ADDRESS **11421 CAUSEWAY BLVD.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **COLLETON, ERIKA**
STREET ADDRESS **11600 IMPERIAL OAKS BLVD**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PARKER, DEEANNA**
STREET ADDRESS **11704 IMPERIAL OAKS BLVD.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Parker, Deeanna**
STREET ADDRESS **11704 Imperial Oaks Blvd.**
CITY-ST-ZIP **New Port Richey, FL 34654**

TITLE **D** ☐ Delete
NAME **HOGG, JERRY**
STREET ADDRESS **11721 IMPERIAL OAKS BLVD.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MACHOWSKI, ROSE**
STREET ADDRESS **11404 CAUSE WAY BLVD**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☐ Change ☐ 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:

Ross Harrison

Ross Harrison

727-379-0604
01/21/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #