


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90268 022 ****61.25

DOCUMENT # N37981							
1. Entity Name IMPERIAL BONITA ESTATES LOT OWNERS ASSOCIATION, INC.							
Principal Place of Business 27700 PRAIRIE DR. BONITA SPRINGS, FL 34135 US			Mailing Address 27700 PRAIRIE DR BONITA SPRINGS, FL 34135 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 65-0191099			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
KLUG, SANDRA 27393 BOURBONNIERE DR. BONITA SPRINGS, FL 34135			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2005		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	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	SMALL, HERMAN		NAME	<i>Susan Hershberger</i>			
STREET ADDRESS	27463 DUVERNAY DRIVE		STREET ADDRESS	<i>27433 Valois Dr</i>			
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	<i>Bonita Springs, Fl. 34135</i>			
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FIELDS, BRUCE		NAME	<i>Mitchell Klug</i>	<input checked="" type="checkbox"/> Delete		
STREET ADDRESS	27340 VALOIS ST.		STREET ADDRESS	<i>27393 Bourbonniere Dr</i>			
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	<i>Bonita Springs Fl 34135</i>			
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DIXON, JOAN		NAME				
STREET ADDRESS	27367 DUVERWAY DR.		STREET ADDRESS				
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	COLSON, JOSEPH		NAME				
STREET ADDRESS	27296 BOURBONNIERE DR		STREET ADDRESS				
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DEVORE, LARRY		NAME				
STREET ADDRESS	27448 BOURBONNIERE		STREET ADDRESS				
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JOHNSON, KENNETH		NAME				
STREET ADDRESS	27367 VALOIS DR.		STREET ADDRESS				
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		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: <i>Bruce Fields</i>		President		Date: <i>239-947-5441</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							