

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37981

FILED
Mar 05, 2009
Secretary of State

Entity Name: IMPERIAL BONITA ESTATES LOT OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

27700 PRAIRIE DR
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

27700 PRAIRIE DR
BONITA SPRINGS, FL 34135 US

New Mailing Address:

FEI Number: 65-0191099 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMERON, AUDREY
27448 VALIOS DR
BONITA SPRINGS, FL 34135 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: P () Delete
Name: HERSHBERGER, LOREN
Address: 27433 VALOIS DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP () Delete
Name: SMALL, HERMAN
Address: 27463 DUVERNAY DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: MASTERS, SANDRA
Address: 27433 RUE VIEW AVE.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: BRAZEAU, FRANCIS
Address: 27262 BOURBONNIERE DR.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: LIPSCOMB, LAWRENCE
Address: 27357 DUVERMAY DR.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: LIPSCOMB, LAWRENCE
Address: 27463 DUVERNAY DR
City-St-Zip: BONITA SPRINGS, FL 34135

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

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

Title: D (X) Change () Addition
Name: SMALL, HERMAN
Address: 27463 DUVERNAY DR.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Change (X) Addition
Name: GORKA, TERRY
Address: 27377 DUVERNAY DR.
City-St-Zip: BONITA SPRINGS, FL 34135

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: LORAN HERSHBERGER

P

03/05/2009

Electronic Signature of Signing Officer or Director

Date