

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004323

FILED
Apr 26, 2007
Secretary of State

Entity Name: SHOMA HOMES AT IMPERIAL LAKE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

756 NW 123 CT
MIAMI, FL 33182 US

New Principal Place of Business:

Current Mailing Address:

435 SW 123 AVE.
MIAMI, FL 33184 US

New Mailing Address:

FEI Number: 65-0480405 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIGANI, AUTONIO
756 NW 123 CT.
MIAMI, FL 33182 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: SD () Delete
Name: SUAREZ, ROBERTO
Address: 765 NW 122 CT
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: CHAEL, RAUL
Address: 12360 NW 7TH TRAIL
City-St-Zip: MIAMI, FL 33182

Title: PD () Delete
Name: TIGANI, ANTONIO
Address: 756 NW 123 COURT
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: LACAYO, MARIA F
Address: 933 NW 123 CT.
City-St-Zip: MIAMI, FL 33182

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: SUAREZ, ROBERTO
Address: 765 NW 122 CT
City-St-Zip: MIAMI, FL 33182

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

Title: PD (X) Change () Addition
Name: TIGANI, ANTONIO
Address: 756 NW 123 COURT
City-St-Zip: MIAMI, FL 33182

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: ANTONIO TIGANI

PD

04/26/2007

Electronic Signature of Signing Officer or Director

Date