

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000972

FILED
Feb 04, 2009
Secretary of State

Entity Name: IMPERIAL LAKES OF WALTON COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1570 CASWELL ROAD
DEFUNIAK SPRINGS, FL 32433 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1065
DEFUNIAK SPRINGS, FL 32435 U

New Mailing Address:

FEI Number: 59-2963649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, BONNIE J
1570 CASWELL RD
DEFUNIAK SPRINGS, FL 32433 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: D () Delete
Name: CATES, JOYCE
Address: P.O. BOX 688
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D () Delete
Name: BAKER, JOSEPH
Address: 4594 ST HWY 83N
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: C () Delete
Name: HUGHES, VERONICA
Address: 1624 CASWELL ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: MCCABE, BARBARA
Address: 1707 23RD. ST.
City-St-Zip: NICEVILLE, FL 32578

Title: ST () Delete
Name: ROBERTS, BONNIE
Address: 1570 CASWELL RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: GARRETT, LEAMON
Address: 28 ROBERT AVE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: ROBERTS, TIMOTHY W
Address: 1570 CASWELL ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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

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: BONNIE J. ROBERTS

ST

02/04/2009

Electronic Signature of Signing Officer or Director

Date