

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
Apr 12 1996 8:00 am  
Secretary of State

DOCUMENT # **720825** (9)

1. Corporation Name  
**IMPERIAL POINT PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**14950 SOVEREIGN DR LARGO FL 34644** **14950 SOVEREIGN DR LARGO FL 34644**

3. Date Incorporated or Qualified **04/29/1971** 3a. Date of Last Report **09/29/1995**  
4. FEI Number **59-1954021** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**LERBS, DIETER**  
**14902 IMPERIAL PT DR N**  
**LARGO FL 34644**

10. Name and Address of New Registered Agent  
81 Name **KOHL, CARL A.**  
82 Street Address (P.O. Box Number is Not Acceptable) **14169 CROWN DRIVE**  
83  
84 City **LARGO** FL 85 Zip Code **34644**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.003, Florida Statutes.

SIGNATURE *Carl A. Kohl* DATE **4/5/96**

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LERBS, DIETER	
STREET ADDRESS	14902 IMPERIAL POINT DR N.	
CITY-ST-ZIP	LARGO FL 34644	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TUCKER, WESLEY H	
STREET ADDRESS	14865 CROWN DRIVE	
CITY-ST-ZIP	LARGO FL 34644	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WOLF, GEORGE	
STREET ADDRESS	14541 PAZARE WAY	
CITY-ST-ZIP	SEMINOLE FL 34646	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEESE, ANN C	
STREET ADDRESS	14541 PASSARE WAY	
CITY-ST-ZIP	SEMINOLE FL 34646	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEGENARO, ARTHUR P	
STREET ADDRESS	10388 MONARCH DR.	
CITY-ST-ZIP	LARGO FL 34644	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KOHL, CARL A.	
1.3 STREET ADDRESS	14169 CROWN DRIVE	
1.4 CITY-ST-ZIP	LARGO, FL 34644	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARK SCHAIER	
3.3 STREET ADDRESS	14529 ANCHORAGE CIRCLE	
3.4 CITY-ST-ZIP	SEMINOLE FL 34646	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	REESE, ANN C.	
4.3 STREET ADDRESS	14541 PASSARE WAY	
4.4 CITY-ST-ZIP	SEMINOLE, FL 34646	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	EMIL SCHMAUTZ	
5.3 STREET ADDRESS	10406 MAJESTIC DRIVE	
5.4 CITY-ST-ZIP	LARGO, FL 34644	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Carl A. Kohl* DATE: **5/6-7/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (12/95)