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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 33774-4908

3. Date Incorporated or Qualified 04/29/1971 3a. Date of Last Report 04/12/1996
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
KOHL, CARL A
14969 CROWN DR
LARGO FL 34644 33774
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHL, CARL A	1.2 NAME	
STREET ADDRESS	14969 CROWN DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33774	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUCKER, WESLEY H	2.2 NAME	JENNIFER L. COURTER
STREET ADDRESS	14665 CROWN DRIVE	2.3 STREET ADDRESS	14962 CROWN DR
CITY-ST-ZIP	LARGO FL 34644	2.4 CITY-ST-ZIP	LARGO, FL 33774
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHANER, MARK	3.2 NAME	VIOLET ZIEPFEL
STREET ADDRESS	14529 ANCHORAGE CIR	3.3 STREET ADDRESS	10443 MAJESTIC DR
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	LARGO, FL 33774
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REESE, ANN C	4.2 NAME	WILLIAM G. JAMES
STREET ADDRESS	14541 PASSARE WAY	4.3 STREET ADDRESS	14398 YACHT CLUB BLVD
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHMAUTZ, EMIL	5.2 NAME	RODNEY DOSBYSHELL
STREET ADDRESS	10406 MAJESTIC DR	5.3 STREET ADDRESS	10216 REGAL DR # 406
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	LARGO, FL 33774
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	KENNETH R. WASSON
STREET ADDRESS		6.3 STREET ADDRESS	14383 NEPTUNE RD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SEMINOLE, FL 33776

14. I do 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 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 if changed or in an attachment with an address.

SIGNATURE: William G. James WILLIAM G. JAMES 4/3/97 813-573-2910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0051824

CR2E037 (9/96)