FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720825

1. Corporation Name

IMPERIAL POINT PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business
14950 SOVEREIGN DR LARGO FL 34644

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2. Principal Place of Business

Mailing Address

14950 SOVEREIGN DR LARGO FL 34644

2a. Mailing Address

26

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90037 024 ****61.25



3. Date Incorporated or Qualifed

04/29/1971

Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For	
22	2	7		59-1954021	Not Applicable	
City & Stat	9 2	City & State		5. Certifcate of Status Desir	red \$8.75 Additional Fee Required	
Zip	Country		Country	6. Election Campaign Finar	ncing \$5.00 May Be	
24 33°	774 25 2	3 3774 30		Trust Fund Contribution	Added to Fees	
	9. Name and Address of Current Re-	gistered Agent		10. Name and Address of I		
			1 1	I HOMAS WY MINNION, WE.		
COURTER, JENNIE L			82 Stre	et Address (P.O. Box Number is Not Ar 1997 IMPERIAL	cceptable)	
14462 CROWN DR			83	199 IMPERIAL	7-0/11 221111	
LARGO FL 33774			**			
				LARGO	FL 85 Zip Code 33774	
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 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 Signature, typed or printed name of registered agent spft title if applicable. (NOTE: Registered agent agrature required when reinstating) DATE OATE						
12.	Signature, typed or printed name of registered agent and OFFICERS AND DI		13		O OFFICERS AND DIRECTORS IN 12	
TITLE	D OFFICERS AND BI	DELETE	1.1 TITLE	PD	Change Addition	
NAME	-		1.2 NAME			
	GIBBONS, JAMES M JR		1.3 STREET ADDRES	co	i	
STREET ADORESS	15001 SOVEREIGN DR			33		
CITY-ST-ZIP	LARGO FL 33774	X DELETE	1.4 CITY-ST-ZIP	VD	☐ Change S Addition	
TITLE	PD	DELETE.		TILAVED WES		
NAME	COURTER, JENNIE L		2.2 NAME	TUCKER, WES 14665 CROWN	DR.	
STREET ADDRESS	14462 CROWN DR.	ł	2.3 STREET ADDRE	LARGO, F4. 3.	2774	
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP	LARGO, F. 4. 5.	Change Addition	
TITLE	SD __	☐ DELETE	3.1 TITLE	D	ThangeAddition	
NAME	ZEIPFEL, VIOLET		3.2 NAME			
STREET ADDRESS	10443 MAGESTIC DR.		3.3 STREET ADDRE	SS		
CITY-ST-ZIP	LARGO FL		3.4. CITY-ST-ZIP		ET O	
TITLE	TD .	🔀 DELETÉ	4.1 TITLE	72	Change Addition	
NAME	JAMES, WILLIAM G		4. 2 NAME	MANNION, THOM SS 14997 IMPERI	AS VIVE TO W	
STREET ADDRESS	14393 YACHT CLUB BLVD.		4.3 STREET ADORE	55 14997 IMPERI	AL POINT PRIN.	
CITY-ST-ZIP	SEMINOLE FL		4.4 CITY-ST-ZIP	LARGO, FL. 3		
TITLE	D	⊠ DELETE	5.1 TITLE	SD JENKINS, MAK	☐ Change ☑ Addition	
NAME	BOSBYSHELL, RODNEY		5.2 NAME	TENKINS, MAK	ty Lou	
STREET ADDRESS	10216 REGAL DR., #406		5.3 STREET ADDRE	s 10267 IMPE	RIAL POINT DR.E	
CITY-ST-ZIP	LARGO FL		5.4 CITY-ST-ZIP	LARGO, FL. 33	577 <i>4</i>	
TITLE	D	⊠ DELETE	6.1 TITLE		Change X Addition	
NAME	RENDER, ANNABELL R		6.2 NAME	FOWLER, DON		
STREET ADDRESS	14930 CROWN DR		6.3 STREET ADDRE		· CLUB BLVD	
CITY-ST-ZIP	LARGO FL 33774		6.4 CITY-ST-ZiP	LARGO FL. 3	3774	
G111-51-ZIF	LANGO EL 33/19	- Cut		ted in Contine 110 07/2\(ii\) Clorido Stat	tutos I further certify that the information	

4. I 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 informati 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 furstee 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

727) 596-7340 Dayting Phone #

2E037 (11/98)