

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 12, 2001 08:00 AM
Secretary of State

DOCUMENT # 720825

1. Entity Name
 IMPERIAL POINT PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business 14950 SOVEREIGN DR LARGO FL 33774	Mailing Address 14950 SOVEREIGN DR LARGO FL 33774
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number
59-1954021

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent MANNION THOMAS JJR 14997 IMPERIAL POINT DR N LARGO FL 33774		7. Name and Address of New Registered Agent Name JENKINS MARY LOU Street Address (P.O. Box Number is Not Acceptable) 10267 IMPERIAL POINT DR. N. City LARGO FL Zip Code 33774	
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8. 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 MARY LOU JENKINS DATE 04/12/2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZACOT BARBARA 10215 REGAL DR LARGO FL 33774	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JENKINS MARY LOU 10267 IMPERIAL POINT DR N LARGO FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TARCZA ANN 10202 IMPERIAL POINT DRIVE E. LARGO FL 33774	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANNION THOMAS JJR 14997 IMPERIAL POINT DR N LARGO FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MICKLES BONITA L 10361 MAJESTIC DRIVE LARGO FL 33774	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUGHLIN DAN 14810 CROWN DR LARGO FL 33774	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUGHLIN DON 14810 CROWN DR LARGO FL 33774	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LIKENESS BARRY 10456 SOVEREIGN DR LARGO FL 33774	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LIKENESS BARRY 10456 SOVEREIGN DR LARGO FL 33774	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JENKINS MARY LOU 10267 IMPERIAL PT DR N LARGO FL 33774	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENKINS MARY LOU 10267 IMPERIAL PT DR N LARGO FL 33774	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bonita L. Mickles TD 04/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)